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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Correspondence from Cincinnati.* Prof. W. W. DAWSON.

CINCINNATI MEDICAL SOCIETY.—The September meeting of this Society was held at the residence of Professor Tate, on the evening of the first Tuesday in the month. Dr. B. F. Richardson read an exceedingly interesting paper on "Comparative Statistics of Operative Obstetricy," a brief synopsis of which is here given.*

The Doctor introduced the subject by a remark made previous to 1843, by Prof. Lee, of London, in which he referred to the unsatisfactory condition of Operative Midwifery—to its want of exactness. The same might with truth be affirmed of this branch of the profession at the present time—that its principles are not well defined, and that there seems to be an indisposition to its study. The discrepancy between those who are regarded as authority in Obstetrics is such, that the practitioner may often find himself with unsettled views, and at a loss to know what course to pursue. For example, some eminent in obstetric science use the forceps but once in 728 labors, whilst others of like position use them as often as once in 8 or 9 cases. Such singular want of concordance should lead the medical man to a careful study of those statistics which have been furnished; for a correct opinion can only be obtained of the rules and principles laid down and inculcated by authors, by the tables which they exhibit, showing the result of their prctice.

*In the Western Lancet for October the paper is published entire, from which we have taken the tables which accompany this sketch.

Dr. R. selected for his analysis the following statistics:

Country.	No. of Labors.	Forceps cases.	Proportions
British	42,634	126	1 in 362
French	44,796	277	1 in 162
German	261,224	1,702	1 in 153

Country.	No. of Labors.	Crotchet cases.	Proportions
British	47,851	218	1 in 219
French	36,169	30	1 in 1,206
German	256,655	132	1 in 1,944

When these tables are analyzed a strange difference appears in the comparative use of the forceps and crochet in these countries. The British use the forceps three times, whilst they use the crochet five times; among the French the forceps are resorted to eight times to once for the crochet, and in Germany they are applied thirteen times to once.

The author of the paper made the following critical analysis of 45,634 cases, taken to illustrate the practice of obstetricians in the above named countries:

BRITISH.	Proportional Mortality.	Mothers Lost.	Proportional Mortality.	Children Lost.
Forceps cases, 126	1 in 17½	7	1 in 3	42
Crotchet cases, 208	1 in 4	52	All	208
Totals		59		250
FRENCH.				
Forceps cases, 282	1 in 8⅔	33	1 in 6	47
Crotchet cases, 38	1 in 4	9	All	38
Totals		42		85
GERMAN.				
Forceps cases, 284	1 in 19	15	1 in 6	47
Crotchet cases, 23	1 in 3.2-7	7	All	23
Totals		22		70

From these calculations it will be seen that the French are more successful than the British, and the Germans still more so than the French. This success must be attributed alone to the principles and rules which govern them at the bed side, and prominent amongst these must be one for the early use of the forceps. This unfavorable comparison to British midwifery is the legitimate fruit of the doctrines taught and insisted upon, even at the present time, by their highest authorities.

Dr. Richardson closed his paper with the following comparison, which we take from the Western Lancet:

"For the present I shall content myself with drawing a comparisen between the practice and its results of Mr. Collins, of Dublin, who stands above all others as the *representative* of non operative midwifery, and Prof. F. H. Rathmsbotham, of London, who truly, in his practice, exemplifies conservative progress in the science and art of obstetrics.

Mr. Collins, in 16,414 cases of labor, used forceps 11 times, or one 1,492.

Mr. Rathmsbotham, in 48,996 cases of labor, used forceps 73 times, or 1 in 671.

Mr. Collins, in 16,414 labors, used crotchet 118 times, or 1 in 141.

Mr. Rathmsbotham, in 48,996 labors, used crotchet 60 times, or 1 in 817; or, if we add 23 cases of prematurely induced labor, 1 in 590.

Mr. Collins, in 16,414 labors, had ruptured uterus 34, or 1 in 483.

Mr. Rathmsbotham, in 48,996 labors, had ruptured uterus 8, or 1 in 6,128.

Mr. Collins, in 106 craniotomy cases, proper for analysis, lost 38 mothers, or more than 1 in 3. Mr. Rathmsbotham, in 60, lost 6, or 1 in 10.

Mr. Collins, in 24 forceps cases, lost mothers 4, or 1 in 6.

Mr. Rathmsbotham, in 73 forceps cases, lost mothers 3, or 1 in 24.

Mr. Collins, in 16,414 labors, lost mothers 164, or 1 in 100.

Mr. Rathmsbotham, in 48,996 labors, lost mothers 162, or 1 in 302.

Mr. Collins, in 16,654 births, had still-born 1,121, or 1 in 15.

Mr. Rathmsbotham, in 48,538 births, had still-born 1,822, or 1 in 27.

It will be observed that a departure from the *non-interference* theory and practice of Mr. Collins is attended by far more favorable results to both mother and child, and a *further* departure and *less* conservatism upon the part of Prof. Rathmsbotham would doubtless be followed by a proportional decrease of maternal and infantile mortality."

The foregoing will give the reader a general idea of this very interesting paper. It is a subject of vital importance to the obstetrician, and one upon which should be employed the best faculties of

his mind. Viewing this subject in this light, important suggestions are presented upon the propriety and safety of receiving, unquestioned, that which comes to us under the name of "authority." Here, as in every branch of our profession, we see the necessity of independent individual thought. Often upon the intelligent decision of the attendant at the bed-side, depends the life of both mother and child. Fraught with such consequenee, he should be enabled at least to settle a question merely of time alone, promptly and judiciously.

The Society was gratified to learn that at a subsequent meeting Dr. R. would furnish a more lengthy paper upon this subject.

MARINE HOSPITAL AT CINCINNATI.—We learn through the public press that a part of the contracts for the construction of this building have been assigned, and that the remainder will be advertised.

The location selected is a beautiful one, in the eastern part of the city, about one-third of a mile from the river, and midway between Deer Creek and the summit of Mt. Adams. It is sufficiently elevated to insure a free circulation of air, and yet not so far up the hill as to render its access difficult.

Heretofore the marines at this port were kept by contract with the city, at so much per week.

ART. II.—*Eompyema, Case of.* By D. H. RALSTON, M. D., Cleveland, Ohio.

CLEVELAND, O., Aug. 23, 1856.

JOHN DAWSON, M. D.—*Dear Sir:* Believing that the publication of cases which are not of common occurrence, through the medium of medical journals, will result in some good to the medical profession, and those who may be the subjects of such diseases, I have concluded to report the following case, which, if you consider of sufficient general interest to your readers to justify you in giving it a place in your journal, you will please give it an insertion; otherwise please return the manuscript by mail.

The patient above referred to is a German man, aged twenty-nine years. Was of strong and vigorous constitution. A common laborer.

About the 20th of March, 1856, he received a wound in the thorax, at the point of the sixth rib, on the left side, which was made by a knife, in the hand of an assassin. The wound was dressed and permitted to heal.

April 25. The writer was called to see him. Found him braced up in bed in such a way as to allow him to recline on the left elbow; the only position that he could assume for fear of suffocating. His breathing was laborious. His respirations about fifty to a minute. His pulse small, and about one hundred and sixty per minute Profuse perspiration. Feet and legs were Œdœmatous. Countenance haggard and expressive of great suffering, and a near approach to dissolution. Auscultation revealed no respiratory effort in the left lobe of the lungs. Percussion revealed the full barrel sound. The left side measured two and a half inches more from the centre of the sternum to the spine than the right side. I was satisfied the thorax contained fluid. Prescribed cathartic pills.

April 26. Visited patient in company with my partner, B. Sheldon, M. D. No improvement. Symptoms as above stated. Informed patients and friends of his critical situation, and that the operation of Paracentesis Thoracis was the only means that promised any relief, and under the circumstances, even that was doubtful.

Some delay being necessary to enable him to dispose of his worldly matters, the operation was deferred to the 28th, A. M. By invitation, N. B. Prentice, M. D., was present, and assisted in the operation.

The incision was made between the sixth and seventh ribs, at the point in a direct line with Axilla and spine of the Illium.

The pleura was entered by the trocar, after making the incision through the integument and intercostal muscles.

The amount of purulent, fœtid and redish matter removed by the first operation was two quarts.

He experienced great relief in his breathing, and his pulse sank. to one hundred and forty per minute. Took Ext. Hyos. grs. ii.

29th. Had a good night's rest. Pulse ninety. Edæma of the limbs all gone. Appetite good.

30th. No perceptible change from 29th.

May 1. No perceptible change.

May 2. No perceptible change.

May 3. Restless; pulse increased to one hundred and twenty.

May 4. Restless; pulse increased to one hundred and twenty, with oppressed breathing, and dullness on percussion.

May 5th. All the unpleasant symptoms above enumerated before operation. Passed the trocar again, (assisted by Drs. B. Sheldon and W. B. Prentice,) and removed four quarts of the same kind of fluid or matter. Some air entered the thorax. Breathing relieved. Wound closed and patient put to bed. Two pills of Hyos. Ext. and Ipeca a. a. gr. i. every four hours.

May 6. Had a good night's rest. Pulse again reduced to ninety per minute.

May 7th. In the presence of Dr. White I opened the wound, and again drew off two quarts of the same kind of matter. Tonic medicine was then prescribed, and a tent placed in the wound.

May 8th. Had rested well. Pulse eighty. Appetite good. Breathing free. Respiration in the left lobe established. Removed the tent and drew off one pint of matter, which had the color and appearance of pus. Tonics and nourishing diet continued. Symptoms continued about the same, except that the patient emaciated, and the discharge which continued, about a pint daily, became very offensive to the olfactories. My notes having run out, I must give the rest from recollection. About the 20th of May I threw into the thorax a solution of Chloride of Zinc, which I did very cautiously, and with fear and trembling, as I know of no precedent for such treatment. The discharge was reduced to half a pint daily, but very offensive. About the 30th I repeated the injection with Sol. Chloride Zinc. The discharge still diminishing, but offensive. At the suggestion of Dr. Sheldon, I then used a Sol. of Chloride of Soda, which was repeated daily for three or four days, when the fœtor was entirely removed, and the discharge reduced to about two ounces daily.

Tonics and nourishing diet continued. The discharge gradually decreased, and he began to improve in flesh and strength, so that on the 4th of July he was able to come into the city to celebrate—and return home on foot, a distance of two miles and a half. About the middle of July he commenced to labor at haying, and worked a week, which was too hard for him, and for some time he was unable to work; but he is now able to work constantly at moderate labor. The discharge is sometimes about two drachms a day, but some days nothing. No medical treatment has been given since the fore part of July. I have no doubt but he will eventually recover.

Art. III.—*Retained placenta.* By M. A. O'Neill, M. D. Kennonsburgh, Ohio.

Editor of the Ohio Medical and Surgical Journal:

Dear Sir: I wish to lay before the readers of your journal a statement of a case that I was called to a short time ago.

Believing it to be something a little past common, I wish to have it laid before the medical world. The case was one of *retained placenta.*

At about the fifth month of utero-gestation, the second stage of labor was completed. The placenta was retained from that time, (4th of June last,) until I was called, which was on the 26th of August;—it having been retained near three months. The woman was never entirely free from uterine hemorrhage from the time of abortion, until after the discharge of the after-birth; the discharge being greatly aggravated about the period of menstruation. How it was retained so long in the uterus, I am not able to say.

The constant hemorrhage, or drain from the system, did not weaken her, as might be supposed. She kept (apparently) quite healthy, and the veins presented rather an extraordinary fullness. There was, however, some degree of nervous irritability manifested during the time.

Severe labor pains came on about two o'clock A. M. of the 26th of August. I did what I thought proper in the case, and in about three hours, (after repeated faintings, and the suffering of a great amount of pain,) the after-birth was passed. It presented rather a calloused appearance, and *seemed* to have been retained in the uterus by some stringy fibres, inserted about mid-way of the mass.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

Art. I.—*Thoughts on Acclimation and Adaptation of Races to Climates.* By J. C. Nott, M. D., Mobile, Ala.

The following desultory remarks have been elicited by a perusal of the work of Dr. La Roche, on *Yellow Fever.* It would be a work

of supererogation in me at this late day to say anything in praise of this standard work, which has already taken its position in the classic literature in our profession; nor need I allude to the kind and gentlemanly tone which pervades it throughout. But there are a few points in these volumes on which I differ from the author; and, as they involve not only curious speculations but questions of deep practical importance, I will take the liberty of presenting certain facts and opinions of my own which are the result of thirty years' observation in southern climates. In so doing, my object is not controversy, but simply a desire to aid in developing the true history of southern diseases, which at this moment are so profoundly interesting to the people of the United States, north as well as south.

Although there are other opinions of Dr. La Roche with which I shall incidentally come into collision, the following paragraph is the only one to which I shall directly allude, as it expresses his opinions on the leading point to which I desire to illustrate, viz.: that of *acclimation*, or, to be more precise, the influence of southern climates on natives of the north. In vol. ii. p. 20, he says:—

"In a word, habit seems to possess the power of modifying the system to so great an extent and so permanent a degree as to justify those who hold it in the light of a second nature. In virtue of the influences it exercises, and the peculiar organic changes resulting from long exposure to the sensible and insensible qualities of the atmosphere, or to the extraneous materials by which that atmosphere may be contaminated, man enjoys the faculty to which I have alluded, of living under climatic influences of the most diversified characters. He resists the inclemencies of the elements, the insalubrity of the seasons, the extremes of temperature, as well as the action of malarial and other exhalations. With time, the native of the North acquires the privilege of supporting *with impunity* the scorching rays of a tropical sun, though the result is not obtained without inconvenience, suffering, and even danger, and without, in the greater number of instances, subjecting the individual to the ordeal of disease. Not so easy is it to become habituated to the baneful action of those modifiers—such as malarial exhalations—which exercise their agency on the principles of vitality. *But even here immunity is obtained*, either gradually and insensibly, without shock to the system, or more suddenly through the effect of an attack of fever. But whatever be the means by which the process is effected, that such protection is thus obtained, to a greater or less

extent, in regard to *all malarial* and some other forms of fever, no one who has examined the subject with attention will feel disposed to deny. By long habituation to infectious localities and to the high temperature of hot regions, the system becomes acclimatized, and thereby acquires the power of *tolerating perfectly and permanently the poison*, or of eliminating it as soon as received, without succeeding reaction. The observation is of long standing. Pliny, nearly twenty centuries ago, called attention to the fact, 'that they who are seasoned can live amid pestilential diseases;' and the statement has been confirmed by all subsequent observations. The immunity is more or less perfect, according to the individual peculiarities of those exposed to the cause, and to the salubrity of the country whence they come; and is enjoyed at all future time, except when, from the concurrence of particular circumstances, the poison acquires unusual deleterious properties," &c. &c.

The doctor goes on to substantiate these opinions by references to Monfalcon, Lancisi, Pinkard, Sir Gilbert Blane, and other authorities of high repute.

I have given the above long quotation in order that Dr. La Roche might be fairly heard. The language to me is somewhat obscure, and, for fear of doing injustice, I shall simply give you my own ideas, without attempting to define clearly the limits which he intends to set to the influence of *acclimation*.*

Dr. Rochoux has attempted a somewhat more precise definition of the term *acclimation*, and perhaps a better one cannot be given in the present state of knowledge. He says; "Acclimation is a profound change in the organism, produced by a prolonged sojourn in a place whose climate is widely different from that to which one is accustomed, and which has the effect of rendering the individual who has been subjected to it similar in many respects to the natives (*indigènes*) of the country which he has adopted."

This definition strikes at once a leading difficulty in this discussion, and one which should, as far as possible, be cleared away before we attempt to estimate the influence of climate on mankind. Who are these "*indigènes*" of whom Rochoux speaks? Are they, in all cases, really descendants of the same original stock as those who come to seek acclimation? Here, I repeat, are questions which have not been fully and fairly examined, even by Prichard, the

* Dr. La Roche prefers the word *acclimatization*. I prefer the common term as it is adopted by Webster, by French writers, and it is shorter.

great champion of the unity of the human race, and which embarass our progress at every step.

My own opinions on the *original diversity of the races of men* have been long before the public, and need not be repeated here; nor, perhaps, does a practical view of the subject before us demand the re-opening of that long mooted question, because recent discoveries have demonstrated that those well-marked races which are now scattered over the face of the earth have (unless where deteriorated by disease,) with slight modification, preserved the same physical characteristics which marked them several thousand years ago. And if this *permanency of type* be, as it now universally is among naturalists, admitted, we have no reason to expect that climate will produce changes in races during the next thousand years which it has not been potent enough to effect in all recorded time of the past.

Moses, we are told, "was learned in all the wisdom of the Egyptians;" and, long before even his day, we know positively, through the researches of Lepsius, Champollion, Rosellini, and others, that the Egyptians had classed the races of men into the white, red, black, and yellow, each class representing a *group of races of kindred types.*

No man who has investigated the subject, will deny the antiquity of Egypt, China, and India, each of which existed as empires more than 2,000 years before Christ, with populations presenting widely different physical characters, and speaking languages radically distinct from each other. Moreover, in Egypt, besides the millions of mummies which have been found in the catacombs of Thebes and Memphis, we see depicted on her time-worn monuments, authentic delineations of nearly all the races that the traveller now meets in his journey around the greater part of the Mediterranean. We there behold the portraits of Egyptians, Assyrians, Nubians, Abyssinians, Jews, Negroes, Tartars, Arabs, Berbers, &c.; and all, according to Lepsius, Bunsen, Birch, De Rougé, and other leading authorities, dating back at least 2,300 years before the Christian era. Nor is evidence wanting to prove that Celts, Slaves, Teutons, Finns, Iberians, Pelasgians, and other types, inhabited Europe before the epoch of Moses. We might even go further, and produce evidence to show that America, Australia, and Oceanica had their *indigènes*, when Abraham and Sarah went to buy corn of the Pharaoh who then presided over the Egyptian empire.

We repeat, then, that the above races all existed, in their full de-

veloped types, 5,000 years ago—that no known causes have ever transformed one race into another—and that nothing but amalgamation, or morbific causes, have ever greatly changed the physical characters of a race. So far we are sustained by facts; and *science* has nothing to do with the age of miracles beyond the starting point of my researches. The true origin of genera and species has proved a never-ending dispute among naturalists, and from the very nature of the case must ever remain so without a new revelation from the Creator.

The *antiquity* of the various types of man being conceded, let us next view them in connection with the other organized beings of our planet.

Naturalists teach, that while the surface of the earth presents an infinite variety of climates which influence animal and vegetable life, it may at the same time be divided into realms or regions, presenting totally distinct Faunæ and Floræ. These regions, which have been called *Zoological Provinces*, run so insensibly into each other as not to admit of precise boundaries, but each possesses an infinite variety of animals and plants that are peculiar to it, and which it is believed were then created. Prof. Agassiz, without pretending, in the present imperfect state of facts, to minute accuracy, has mapped off the earth into eight of these provinces, each of which contains not only peculiar animals and plants, but a *group* of human beings which seems to form an original element in the local creation, and to be *adapted by nature to surrounding climatic influences*. The following is the division of Professor Agassiz: The *Arctic*, the *Asiatic*, the *European*, the *American*, the *African*, the *Malayan*, the *Australian*, and the *Polynesian Realms*. Now each of these realms has been shown to contain animals and plants that are found nowhere else, and also a group of human beings of peculiar type, which date back beyond human records, and which seem to be in perfect harmony with surrounding circumstances.

This is not the place to enlarge upon such a well-known law of natural history, and it may be sufficiently illustrated for the medical student, by a statement of the fact, that south of the arctic, at which the continents nearly touch, there is not an animal or plant that is common to the Old and New World. Every living thing (with *perhaps* a few rare exceptions) found in America at the time of the conquest, was here created.

Now, that the races of men, found in these respective realms, obey

the same law of local creation as other organized beings, no doubt will be stoutly denied; but, leaving this point out of view, it will be admitted that these races have for ages been in harmony with the positions in which they are found, and cannot be removed to other zones without doing violence to their natures.

The animals and plants of different latitudes differ greatly in pliability of constitution, and are variously affected by changes. Those of the arctic and the tropic are each reared in extremes—are habituated either to very high or very low temperature, and cannot be transported far beyond their native climes, without injurious consequences. Hence, when the human beings or animals of the arctic or tropic are left to themselves, they rarely migrate much beyond the limits of their respective zones. Not so with the inhabitants of the middle temperate latitudes. Here the animals and plants are subject to cold winters and hot summers, and possess a pliability of nature which enables them to stand a wide geographical range. The races of men here are found to obey the same law, and have been the great conquerors, colonizers, and civilizers of the world; but even these have paid dearly for their migratory propensities. Though placed at the head of the animal kingdom, man is still an animal, and subject to the same physical influences as others. He is enabled to change his climate with more facility than most animals, simply because he is enabled to devise means by which he can protect himself against extremes of temperature and other unaccustomed influences.

Cabanis has justly remarked: "*Si l'histoire naturelle a besoin d'une bonne géographie physique, la science de l'homme, a besoin d'une géographie médicale.*" Much has been done since his day in the former department, but little progress has been yet made in the right direction in medical geography.

Every one admits that the negro cannot be carried to the arctic, or the Esquimaux to the tropic, without destruction of life. It is equally true that the natives of Europe and those of Africa brought to the United States are differently affected by the climate, which is equally new to each. We may go much further, and assert that various races of Europe, Asia, and Africa are influenced in different degrees by change to any given climate: and yet the element of race has played but an insignificant part in the question of acclimation. Much might be said on the relation of race to climate, but I can here do little more than call attention to its importance; and the

few remarks I shall make, will be confined to the influence of our southern climate on exotic population.

All of our Southern States, as well as the tropical part of America, were covered by aboriginal tribes at the time of the conquest, which were everywhere a robust and healthy people. These races still inhabit the sickliest parts of Florida with impunity, and I meet others every day in the streets of Mobile, who present a vigorous and healthful appearance, though their bark tents are pitched around the town on the borders of pestiferous marshes. All testimony goes to show that these races suffer comparatively little from the indigenous diseases of the country, while they are terribly scourged by imported diseases, such as cholera, measles, smallpox, &c. In a word, it would seem that no foreign race can be placed, not even the negro, in such perfect harmony with our climate, as the Indian.

Writers on the physical history of man—Blumenbach, Prichard, Cuvier, and others, have made arbitrary classifications of races, which may be convenient, but which have no foundation whatever in nature; for example, the most commonly received divisions of races is the following: Caucasian, Mongol, Malay, Indian, and Negro. Let us take up the first division, and ask why has such a heterogeneous mass been grouped under the head of *Caucasian?* Slavonians, Teutons, Celts, Iberians, Finns, Pelasgians, Jews, Gypsies, Egyptians, Arabs, Hindoos, &c., &c., have all been thrown together under one name, though resembling each other no more than do dogs, wolves, foxes, jackals, and hyenas. Medical men have, in like manner, whilst discussing the subject of acclimation, thrown all these races together as amenable to the same physical laws, without stopping to inquire whether the principle be true or false.

All writers, in arguing this question, admit the broad division of *white* and *black races*, and although the study of climatic influences on the intermediate races may be attended with greater difficulties, it is none the less important.

The physicians of our southern seaports will not only tell you that negroes are much less susceptible to the influence of yellow fever poison than whites, but that the smallest infusion of negro blood into the white diminishes their susceptibility. No facts can be better settled than these.

My own observation for twenty years in Mobile (where there is a very mixed population of Anglo-Saxons, French, Spaniards, Italians, Negroes, Mulattoes, Indians, &c.,) has satisfied me thoroughly, that

the susceptibility of Races to yellow fever is in direct ratio to the fairness of complexion. All the strictly white races are most susceptible; and in proportion as we descend through the dark-skinned descendants of the Iberian part of the population of France (Spaniards, Italians, Portuguese,) the Mongols, Malays, &c., down to the negro, this susceptibility decreases. I know I shall be told, that these races are less susceptible because they are natives of warm climates; but my own conviction is that there is something in *Race* besides climate; and that the climate does not make the race, but that the race was originally made to suit the climate in which Nature placed it. The descendants of these dark-skinned races, born in Great Britain or in Germany, are less likely to suffer from yellow fever than the fair-skinned races; and we see the fact every year confirmed in Charleston, Mobile, and New Orleans, that negroes of the fourth, fifth, or even tenth generation in Virginia (where the yellow fever does not prevail,) enjoy almost perfect immunity against this disease. I have seen many hundreds of these unacclimated negroes of Virginia exposed to yellow fever in Mobile; and until the memorable year of 1853, I never saw but two full-blooded negroes die of yellow fever. In the latter year more were attacked, but very few died. Negroes, too, possess a remarkable proneness to cholera, and to all forms of typhoid disease, typhoid fever, typhoid pneumonia, &c., as well as to the acute diseases of winter.

The statistics of Prussia show that Jews are much less liable to plica Polonica than the Slavonic, Teutonic, and other races of Europe; and we shall see further on that they are the only foreign population that can increase in Algeria.

But let us turn from this intricate problem of Races, and come down to the plain practical part of the discussion which lies within the reach of common observation. Let us inquire how far Dr. La Roche's ideas of acclimation are true, when applied "to *all forms* of malarial fever," and when he tells us that the native of the North who comes to the South and inhabits "infectious localities," "*becomes acclimatized and thereby acquires the power of tolerating perfectly and permanently the poison.*"

Had the doctor lived at the South instead of the North he would have come to very different conclusions. He would have learned that the Anglo-Saxon easily becomes acclimated against yellow fever of the cities, but never against the marsh malaria of the rural districts: nay, more, that susceptibility here increases with time, and

that this race in "infectious localities" would, in time, if left alone, become exterminated by this "poison." A capital error has therefore been committed in grouping together yellow fever and the various forms of malarial disease.

I may be permitted to repeat that my conclusions are the result of many years' observation at the South, and that my attention has been called to the subject of acclimation by long connection with life insurance companies.

Yellow fever is, *par excellence*, a disease of towns and crowded population, while intermittents and remittents belong to the country; and wherever a large town is built in a malarial district, intermittent fever and its allies are driven to the suburbs, in proportion as grading, paving, and buildings extend. Charleston, South Carolina, may be selected from many others, as a striking illustration. This city was built in the midst of an "infectious locality," where marsh fevers exist to a terrible extent, in all grades, and yet it has become the most healthy town of the South. Its bills of mortality, for the last thirty-five years, will show statistics that compare favorably with those of any other city; and here among the causes of death bilious fever plays but a feeble part. The original disease of the spot has been expelled; and for it are substituted, at long intervals, epidemics of yellow fever; while the diseases of the suburbs and surrounding country are unchanged. The inhabitant of the town is fully acclimated to *its* atmosphere, but cannot spend a single night in the country without serious risk of life; nor can the squalid liver-stricken countryman come into the city during the prevalence of yellow fever, without danger of dying with black vomit. A stronger proof of the non-identity of yellow and marsh fevers cannot be demanded.

There are difficulties in this subject which it is not my purpose to touch, for two reasons: 1st, because it would extend this paper too far; and 2d, because we are greatly wanting in accurate observations on many of the forms of disease, and the topography of their localities, in different parts of the world. I am inclined to think that not only has yellow fever been improperly considered as a mere grade of marsh fever, and attributable to the same cause which produces intermittents; but, that it is very questionable whether all the other endemic fevers of hot climates are attributable to the same poison. There is reason, for example, to believe that the fevers of the coast of Africa are different from those of the United States, and

that although they are quite as violent, or even more so to the unacclimated, than ours, yet the native Africans withstand them better than they do our marsh fevers. So with the fevers of Spain and Portugal, which, during the Peninsular war, created such havoc among the English troops, while the *natives* seemed fully acclimated against them. We know that the Italians and the Anglo-Saxons never become accustomed to the endemics around them. I wish to illustrate more particularly the influence of the endemics of the Southern States on the Anglo-Saxon immigrants, and shall, therefore, not pursue this branch of the inquiry.

In treating the subject of *Acclimation*, two very distinct influences are to be considered: 1st, *Temperature;* 2d, *Malarial Exhalations.*

All writers on the diseases of hot climates inform us that, when the people of the North remove to hot climates, the system undergoes a great change from the heat alone. The robust, florid German or Anglo-Saxon in India, Jamaica, or in our Gulf States, perspires profusely, becomes attenuated, debilitated, tanned, and his whole external appearance and internal organism are greatly modified, independently of any malarial influence. This uncomplicated influence of heat may be well studied in our high healthy pine-lands of the South, at the Cape of Good Hope, and many places where intermittent or other malarial diseases do not prevail. Foreigners, in such localities, *do* undergo a positive acclimation. They, after a time, and particularly their descendants, become habituated to heat, and live in hot climates with a certain degree of comfort and health. There is ample reason to believe, however, that natives of the North never can become *perfectly* adapted even to high temperature, and that the duration of life is materially curtailed under such circumstances. The experience of the insurance companies of the United States seems of late to be confirming this view; and my own mind has long been made up to the belief that the Anglo-Saxon race positively deteriorates in hot climates under all circumstances. The population of the South nowhere presents the same vigor as that of Germany and Great Britain; and although they may not have attacks of fever, they are annoyed by many minor ills, which make them a physic-taking people, and curtail the average duration of life. Although Knox has pushed the idea to an extreme that I do not think warranted by facts, yet I do not believe that the climate even of our Northern States is so well adapted to the Anglo-Saxon stock as the temperate zone of Europe from which history derives them.

There is, then, a certain degree of acclimation to *temperature;* and it is equally true that persons so acclimated, and more especially their children, after having gone through this process, are less liable to *violent* attacks of our marsh fevers, when exposed to them, than the fresh immigrants from the North. The latter are more plethoric, their system more inflammable, and although not more liable to be attacked by these endemics, they experience them, when attacked, in a more violent and dangerous form. This fact holds good both with regard to remittent and yellow fever.*

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* Dr. Boudin, in his "Lettres sur l'Algérie," after establishing the persistent influence of marsh malaria on French and English colonists, continues thus:—

"Reste à examiner l'influence exercée sur le chiffre des décès par le séjour dans les localités de l'Algérie, *non sujettes aux émanations paludéennes*, mais se distinguant le la France uniquement par une température élevée. A défaut de documents assez nombreux recueillis en Algérie même, nous invoquerons les faits relatifs à deux possessions anglaises ayant la plus grande analogie thermométrique avec notre possession africaine; nous voulons parler: 1°. du Cap de Bonne-Espérance; 2°, de Malte. l'un et l'autre proverbialement exemptés de l'élément paludéen.

"Au Cap de Bonne-Espérance, la mortalité de trois regiments anglais, de 1851 à 1836, a été représentée par les nombres suivants:—

En 1831	26	décès.
" 1832	26	"
" 1833	28	"
" 1834	28	"
" 1835	34	"
" 1836	33	"

"A Malte, où l'on peut considérer les hommes les plus jeunes comme le plus recemment arrives d'Angleterre, la proportion des decès a suivi la marche ci-après.

Au-dessous de 18 ans	10	décès sur	1000 hommes.
De 18 à 25	16.7	"	"
" 25 à 33	23.6	"	"
" 33 à 40	29.5	"	"
" 40 à 50	34.4	"	"

"En résumé, les analogies puisées, non seulement dans les localités paludéennes, mais encore dans les contrées non marécageuses, ayant une plus grande analogie climatologique avec l'Algérie, se montrent peu favorables à l'hypothèse de l'acclimatment."

He then goes on to give statistics both of the civil and military population of Algeria, which show still more deadly effects of climate.

Leaving, then, the acclimation of temperature, let us come down to the main subject of our investigation, and inquire whether the white races can ever become acclimated against the influence of "malarial exhalations," or, in plain language, the morbific cause of intermittent fever. I recollect well the remark of my medical preceptor, thirty years ago, in South Carolina, that "Natives of the North, though subject to more inflammatory attacks, were *less liable* to intermittent and bilious fevers at the South, for the first year or two, than the natives who were born in malarial districts;" and my own observation leads me to the same conclusion.

The fact is so glaring and so universally admitted, that I am really at a loss how to select evidence to show that there is no acclimation against the endemic fevers of our rural districts. Is it not the constant theme of the population of the South how they can preserve health? and do not all prudent persons who can afford to do so, remove in the summer to some salubrious locality in the pine lands or the mountains? Those of the tenth generation are just as solicitous on the subject as those of the first. Books written at the North talk much about acclimation at the South, but we here never hear it alluded to *out of the yellow fever cities.* On the contrary, we know that those who live from generation to generation in malaria districts become thoroughly poisoned, and exhibit the thousand protean forms of disease which spring from this insidious poison.

I have been the examining physician to several life insurance companies for many years, and one of the questions now asked in many of the policies is, "*Is the party acclimated?*" If the subject lives in one of our southern seaports where yellow fever prevails, and has been born and reared there, or has had an attack of yellow fever, I answer, "*Yes.*" If, on the other hand, he lives in the country, I answer "*No;*" because there *is no acclimation against intermittent and bilious fever, and other marsh diseases.* Now, I ask if there is an experienced and observing physician at the South who will answer differently? An attack of yellow fever does not protect against marsh fevers, nor *vice versâ.*

The acclimation of negroes, even, according to my own observation, has been put in too strong a light. Being originally natives of hot climates, they require no acclimation to *temperature,* and are less liable to the more inflammatory forms of malarial fevers, and suffer infinitely less than whites from yellow fever; they never, however, as far as my observation extends, become proof against intermittents and their sequelæ. The cotton planters throughout the South will

bear witness, that, wherever the whites are attacked with intermittents, the blacks are also susceptible, though not in so great a degree. My observations apply to the region of country removed from the rice country. We shall see further on that the negroes of the rice-field region do undergo a higher degree of acclimation than those of the hilly lands of the interior. I know many plantations in the interior of Alabama, South Carolina, Georgia, Mississippi, and Louisiana, on which negroes of the second and third generation continue to suffer from these malarial diseases, and where gangs of negroes do not increase.

Dr. Samuel Forry, in his valuable work on the climate of the United States, has investigated fully the influence of our southern climates on our population, and uses the following decided language in relation to the whites:—

"In these localities, as is often observed in the tide-water region of our Southern States, the human frame is weakly constituted, or imperfectly developed; the mortality among children is very great, and the mean duration of life is comparatively short. Along the frontiers of Florida and the southern borders of Georgia, as witnessed by the author, as well as in the low lands of the southern States generally, may be seen deplorable examples of the physical and perhaps mental deterioration induced by endemic influences. In earliest infancy the complexion becomes sallow, and the eye assumes a bilious tint; advancing towards the years of maturity, the growth is arrested, the limbs become attenuated, the viscera engorged, &c." (p. 365.)

But leaving our own country, let us look abroad and see what the history of other nations teaches.

The best authenticated examples, perhaps, anywhere to be found on record, of the enduring influence of marsh malaria on a race, are in the Campagna, Maremma, Pontines, and other insalubrious localities in classic Italy. The following account is given by Dr. James Johnson, in his work on *Change of Air*, and every traveller through Italy can vouch for its fidelity:—

"It is from the Mountain of Viterbo that we have the first glimpse of the wide spread *Campagna di Roma*. The beautiful little lake of Vico lies under our feet, its sloping banks cultivated like a garden, but destitute of habitations, on account of the deadly malaria, which no culture can annihilate. From this spot till we reach the desert, the features of poverty and of wretchedness in the inhabitants them-

selves, as well as in everything around them, grow rapidly more marked. We descend from Monti Rose upon the Campagna, and, at Baccano, we are in the midst of it."

After describing the beauty of the scenery and its luxuriant vegetation, he continues—

"But no human form meets the eye, except the guant figure of the herdsman, muffled up to the chin in his dark mantle, with his gun and his spear—his broad hat slouched over the ferocious and scowling countenance of a brigand! the buffalo which he guards is less repugnant than he! As for the shepherd, Arcadia forbid that I should attempt his description! The savage of the wigwam has health to recommend him. As we approach within ten miles of Rome, some specks of cultivation appear, and within them the dire effects of malaria on the human frame. Bloated bellies, distorted features, dark yellow complexions, livid eyes and lips; in short, all the symptoms of dropsy, jaundice and ague, united in their persons."

"That this deleterious miasma did exist in the Campagna from the very first foundation of Rome down to the present moment, there can be little doubt."

He then goes on to prove the fact from the writings of Cicero, Livy, and others; and makes it clear that the population of Italy are no nearer being *acclimated* against this poison than they were two thousand years ago.

Sir James Johnson makes the following just remark, which applies equally to the malarious districts of our country:—

"A glance at the inhabitants of malarious countries or districts, must convince even the most superficial observer, that the range of disorders produced by the poison of malaria, is very extensive. The jaundiced complexion, the tumid abdomen, the stunted growth, the stupid countenance, the shortened life, attest that habitual exposure to malaria saps the energy of every mental and bodily function, and drags its victims to an early grave. A moment's reflection must show us, that *fever* and *ague*, two of the most prominent features of malarial influence, are as a drop of water in the ocean, when compared with the other less obtrusive, but more dangerous maladies that silently, but effectually, disorganize the vital structures of the human fabric, under the operation of the deleterious and invisible poison."

"What are the consequences? Malarious fevers; or, if these are escaped, the foundation of chronic malarious disorders is laid in

ample provision for future misery and suffering! These are not speculations, but facts. Compare the range of human existence, as founded on the decrement of human life in Italy and England. In Rome, a twenty-fifth part of the population pays the debt of Nature annually. In Naples, a twenty-eighth part dies. In London, only one in forty; and in England, generally, only one in sixty falls before the scythe of time, or the ravages of disease."

As is the case with all of our southern seaports, "the suburbs of Rome are more exposed to malaria than the city; and the open squares and streets, than the narrow lanes in the centre of the metropolis." "The low, crowded and abominably filthy quarter of the Jews on the banks of the Tiber, near the foot of the capital, probably owes its acknowledged freedom from the fatal malaria to its sheltered site and inconceivably dense population." This immunity may arise, at least in part, from their position at the *foot* of the hill; for there is no exception to the rule at the South, that a residence on the bank of a river, or in low land, is less affected by malaria than the hill that overlooks it. At present the fact is inexplicable, although universally admitted.

We will here add some interesting facts from the writings of the distinguished military physician, M. le Docteur Boudin, derived from personal observation during long residence in Algeria, and from official government documents.

"On the 31st of December, 1851, the indigenous city population (of Algeria) amounted to 105,865 inhabitants, of whom there were—

Mussulmans	81,329
Negroes	3,488
Jews	21,048

"If we compare this census with that of the year 1849, the following facts appear:

"1. By a comparison of births and deaths in the official tables, the Mussulman population is decreasing.

"2. The Negroes have decreased, in two years, 689.

"3. The Jews, during the same time, have increased 2,020.

"The mortality among the European population in Algeria, from 1842 to 1851, has varied from 44 to 105 out of every 1,000; and, instead of diminishing from year to year under acclimation, *the mortality has steadily increased.*

Mortality according to Nationality.

"Heretofore we have given the mortality of the European population taken in mass. It is understood that this mortality must be greatly influenced by the *origin* of the different elements of the population. We have shown that the half of the European population is composed of strangers, (other than French,) and numbers over 41,000 Spaniards, and 15,000 Italians and Maltese. The official tables give the following mortality from 1847 to 1851, for the French and strangers (Spaniards, Italians and Maltese):

	Deaths for each 1,000	
	Strangers.	French.
1847	48.4	50.8
1848	41.8	41.7
1849	84.3	101.5
1850	43.4	70.5
1851	39.3	64.5"

Thus, on the one side we see that the mortality of the French greatly exceeds that of the other European population; while on the other, in 1850 and 1851, the mortality of the former rises to a figure three times greater than the normal mortality of France.

Jewish Population.

The official tables give the following *résumé* of the mortality of the Jewish population, during the years from 1844 to 1849:

1844	21.6	deaths	per 1,000
1845	36.1	"	"
1847	31.5	"	"
1848	23.4	"	"
1849	56.9	"	"

This mortality is greatly below that of both the European and Mussulman population, and shows the difference of acclimation in Jews and Frenchmen: "Nulle part le Juif ne nait, ne vit, ne meurt comme les autres hommes au milieu desquels il habite. C'est là un point d'anthropologie comparee que nous avons mis hors de contestation dans plusieurs publications."

"According to the last tables of the French establishments in Algeria, the total number of births from 1830 to 1851, have been 44,900, and that of the deaths 62,768"!!! This fact applies to all the provinces, and shows that the climate tends to the extermination of Europeans.

The official statistics also show that the *Mussulman* (Moorish) population is steadily decreasing in the cities. Dr. Boudin asks: "Is this diminution the effect of want, or of demoralization? Is it to be explained by the cessation of unions between the native women and the Turkish soldiers? or finally, is it explained by that mysterious law in virtue of which inferior races seem destined to disappear through contact with superior races?"

Our space does not permit us to dilate on these interesting questions, but it would be an easy task to show that races are adapted to certain climates; and that the mingling of different stocks greatly influences the longevity of individuals, and the *longevity of races.*

As this subject of home acclimation is one of too much importance to be allowed to rest on the opinion of any one individual, I have taken the liberty of writing to several of my professional friends for the results of their observations in different localities and States. All the answers received confirm fully my assertion that the Anglo-Saxon race never can be acclimated against marsh malaria. should remark that the following letters were written with the haste of private correspondence, and not with the idea of publication. The first letter is from Dr. Dickson, the distinguished Professor of Practice in the Charleston Medical College.

CHARLESTON, May 16, 1856.

MY DEAR DOCTOR: I hasten to reply to yours of the 9th inst., received by yesterday's mail.

1. "The Anglo-Saxon race can never become acclimated against the impression of intermittent and bilious fevers," "periodical," or "malarious fevers." On the contrary, the people living in our low country grow more liable to attack year after year and generation after generation.

We get rid of the poison in some places, and thus extend our limits of residence, but in no other way. Drainage, the formation of an artificial surface on the ground, and other incidents of density of population, such as culinary fires, railroad smokes, and the like, aid to prevent the formation of malaria, or correct it.

Boudin (*British and Foreign Rev.*, Oct. 1849) argues against the possibility of such acclimation, dwelling upon the little success and great mortality attending the colonization of Algeria, the European and English intrusion into Egypt and into Hindostan.

The French, he tells us, cannot keep up their number in Corsica. In the West Indies, the white soldier is twice as likely to die as the

black; in Sierra Leone sixteen times more likely, and this continues permanently.

In *Bryson's Reports on the Climate and Principal Diseases of the African Station*, it is affirmed (p. 83) that on board the Atholl, (a vessel kept some time on the station,) the cases of fever have recovered much more slowly than formerly; so that, instead of its being an advantage to be acclimated, it is apprehended that it will be quite the reverse, as the system becomes relaxed and debilitated by the enervating influence of the climate.

2. "Do *Negroes* in this country (rice-field) ever lose their susceptibility to those diseases?" Yes, in a very great measure, if not absolutely. If they remain in the same locality, they are scarcely subjects of attack. I use cautious language—too cautious. It is my full belief that they become *insusceptible* of the impression of the cause of periodical or what we call malarious fevers. Who ever saw a negro with an ague cake? I certainly never did. Change of residence begets a certain but very moderate degree of susceptibility. If a house negro be sent to a rice-field he may be attacked. So in shifting along the African coast from place to place, the natives of one locality will be seized by fever sometimes at another. Bryson tells us that Fernando Po is so terribly insalubrious that negroes brought from any part of the African continent are always sickly there, "though the natives of the island itself appear to be a healthy and athletic race of people."

The same author tells us of the general insusceptibility of the particular race called Kroo-men, all along the coast. This class of people are therefore very useful and available, being hired in preference to others on board the cruisers.

3. Negroes increase in number on our rice plantations—nay, it is my impression that the rate of increase is greater than on the less malarial cotton plantations. The majority of deaths that do occur happen in winter and from winter diseases, few dying of fever, none or almost none from bilious, intermittent, or remittents, some from typhus or typhoid, or "typhous" fevers.

* * * * * * *

I remain, &c. &c. &c.,

SAMUEL HENRY DICKSON.

There is an interesting fact in the above letter, to me, as I have no experience in the rice-field country. I allude to the acclimation

of negroes in these flat swamp-lands, and their increase. As far as my observation goes, the *hilly* rich clay lands of the interior are, with few exceptions, more liable to malarial fevers than the swamp-lands on the water-courses. The hills in the neighborhood of our swamp-lands are always more sickly than the residences which are on the river banks. Professor Dickson says the rice-field negroes increase more than those on the cotton plantations. Certainly, negroes do suffer greatly on many cotton plantations in the middle belt of the southern States; and I have seen no evidence to prove that negroes can in this region become accustomed to the marsh poison, and my observation has been extensive in four States. A question here arises, is there any difference in types of those malarial fevers which originate in the flat tide-water rice-lands and those of the clay hills, or marsh fevers of the interior? I am inclined to think there is.

The following letter is from my friend Dr. Wm. M. Boling, of Montgomery, Alabama, who has had much experience in this region, and who is well known as one of our best medical writers.

MONTGOMERY, *Ala.*, May 17, 1856.

DEAR DOCTOR: Judging from my own observation, I am inclined to believe that there is no such thing as acclimation to miasmatic localities; in other words, that neither residence in a miasmatic locality nor an attack or even repeated attacks of any of the various shades or forms of miasmatic fevers confer any power of resistance to what we understand by the miasmatic poison—not regarding yellow fever, however, as belonging to this class of disease. On the contrary, one attack, it seems to me, instead of incurring an immunity from, rather increases the tendency or predisposition to another. It would be no difficult matter, I think, to obtain histories of cases of persons born and continuing to live in miasmatic localities who have been subject to repeated attacks of miasmatic fevers occasionally during the entire course of their lives—say from a few days after birth to a moderate old age—"from the cradle to the grave." We do, to be sure, meet with persons who have resided for a considerable time in miasmatic localities without ever having an attack of any of the forms of the fever in question. Such instances are more common, if I mistake not, among persons who have removed from a healthy into a miasmatic locality than among such as may have been born and reared in the latter. But it is a rare thing, indeed, ac-

cording to my observation, to meet with a person residing in a place where miasmatic diseases are rife who has had *one attack and no more.*

Yours, &c. &.,

WM. M. BOLING.

The identity or non-identity of yellow and marsh fevers has much to do with the subject of acclimation, but I must refer for my views on this subject to a paper of mine published some twelve months ago in the *New Orleans Medical News and Hospital Gazette.—Amer. Jour. of Med. Science.*

ART. II —*Memoirs of the celebrated Dr. Harvey;* from notes collected from the Bodleian Library and Ashmolean Museum.

[From the London Medical and Physical Journal, for February, 1815]

GUL. HARVEUS, An. ætat. 10, in Schola Cantuar. primis doctrinæ rudimentis imbutus; 14, Col. Gonvil. et Caii Alumnus; 19, peragravit Galliam et Italiam; 28, Patavii Præceptores habuit Eust. Radium, Tho. Minad. H. Fab. ab Aquapend, Consul Angl. 16* fit; 24, Doctor Med. et Chirurg. Reversus Lond. praxin exercuit. et uxorem† duxit; 25, Coll. Med. Socius; 37, Anatom. et Chirurg. Professor; 54, Medicus Regius factus. Scripsit de Motu Sanguinis, et de Gen. Animal. Obiit 30 Jun. MD.CLVII. Ætat. 80.‡ (But I will remember that Dr. Alsop, at his funeral sayd, that he was eighty wanting one; and that he was the eldest of nine brethren.)

He lies buried in a vault at Hempsted in Essex, wch. his brother Eliab Harvey built, he is lapt in lead, and on his brest in great letters DR. WILLLIAM HARVEY. I was at his funerall, and helpt to carry him into the vault.

In the library at the Physitians' Colledge, was the following inscription above his statute, (which was in his doctorall robes.)

GUL. HARVEUS, Natus A. D. 1578, Apr. 2. Folkston,§ in Com.

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* Sic. Edit. † Smyth.

‡ Over Dr. Harvey's picture in a great parlour under the library, at the Physitians' College at Amen-corner. [burnt.]

§ Borne in the house which is now the post house, a fair stone built house, which he gave to Caius Coll. in Cambridge, with some lands there, in his will. His bro her Eliab would have given any money or exchange for it, because 'twas his father's and they all borne there, but the doctor (truly) thought his memory would be better preserved this way, for his brother has left noble seats, and about 3000 pounds per annum at least.

Cantii, Primogenitus Tho. Harvei et Joannæ Halk. Frat. Germani. Tho. J. Dan. Eliab. Mich. Mat. Sorores. Sarah, Amey.

Under his white marble statue, on the pedestall, thus,

GULIELMO HARVEO,
Vivo,
Monumentis suis immortalli,
Hoc insuper
Coll. Med. Lond.
Posuit
Qui enim SANGUINIS MOTUM
(ut et ANIMAL ORTUM) dedit
meruit esse
STATOR Perpetuus.

Dr. Harvey added (or was very bountiful in contributing to) a noble building of Roman architecture (of rustique work with Corinthian pillasters,) at the Physitian's College aforesaid, viz. a great parlour, a kind of convocation-house for the fellows to meet in belowe; and a library above. On the outside, on the freeze, in letters three inches long, is this inscription, SUASU ET CURA FRAN. PRUJEANI, PRÆSIDIS, ET EDMUNDI SMITH, ELECT. INCHOATA ET PERFECTA EST HÆC FABRICA. AN. MIOCLIII.

All these buildings and remembrances were destroyed by the generall fire.

He was always very contemplative, and the first yt. I heare of yt. was curious in Anatomie in England. He had made dissections of froggs, toads, and a number of other animals, and had curious observations on them, which papers, together with his goods, in his lodging, at White-hall, were plundered at the beginning of the rebellion, he being for the king, and with him at Oxon, but he often sayd, that of all the losses he sustained, no griefe was so crucifying to him as the losse of these papers, wch. for love or money he could never retrieve or obtaine. When K. Ch. I. by reason of the tumults left London, he attended him and was at the fight of Edge-hill with him; and during the fight, the Prince and D. of Yorke were committed to his care. He told me that he withdrew with them under a hedge, and tooke out of his pockett a booke and read; but he had not read very long before a bullet of a great gun grazed on the ground near him, which made him remove his station; he told me yt. Adrian Scrope was dangerously wounded there, and left for dead

amongst the dead men, stript, which happened to be the saving of his life. It was clear cold weather, and a frost that night; which staunched his bleeding, and about midnight, or some hours after his hurt, he awaked, and was faine to draw a dead body upon him for warmeth sake.

After Oxford was surrendered, which was 24 July, 1646, he came to London, and lived with his brother Eliab, a rich merchant in London, on ——— hill, opposite to St. Lawrence, Poultry, where was then a high leaden steeple, (there were but two, viz. this and St. Dunstan's in the east,) and at his brother's country house at Roehampton. His brother Eliab, bought, about 1654, Cockaine-house, now (1680) the Excise Office, a noble house, where the doctor was want to contemplate on the leads of the House, and had his severall stations, in regard of the sun, or wind. He did delight to be in the darke, and told me he could then best contemplate.

He had a house heretofore at Combe, in Surrey, a good air and prospect, where he had caves made in the earth, in which, in summer time he delighted to meditate. He was pretty well versed in mathematiques, and had made himself master of Mr. Oughtred's Clavis Math. in his old age; and I have seen him perusing it, and working problems not long before he dyed, and that book was always in his meditating apartment. His chamber was that room which is now the office of Elias Ashmole, Esq., where he dyed, being taken with the dead palsey, which took away his speech; as soon as he was attaqued, he presently sent for his brother and nephews, and gave one a watch, another another thing, &c., as remembrances of him. He dyed worth 20,000 pounds, wch. he left to his brother Eliab. In his will he left his old friend, Mr. Tho. Hobbes, 10 pounds, as a token of his love.

He was wont to say, that man was but a great mischievous baboon.

He would say, that the Europeans knew not how to order or govern our woemen, and that the Turks were the only people [who] used them wisely.

He had been physitian to the Lord Ch. Bacon, whom he esteemed much for his witt and style, but would not allow him to be a great philosopher, Said he to me, "He writes philosophy like a Ld. Chancellor," speaking in derision.*

* This must relate to Bacon's Physiological opinions as exemplified in his *Historia Vitæ et Mortis*, the work which produced so much wit in the Tristram Shandy, concerning radical heat and radical moisture. Harvey's mode of inquiry was exactly such as Bacon pointed out in his Nov. Organum. But it must be admitted, that Bacon's only physiological works savors much of precedents in Lord Chancellor style—Edit.

About 1649, he travelled again into Italy, Dr. George, now Sir John Ent. then accompanying him.

At Oxford he grew acquainted with Dr. Charles Scarborough, then a young physician, (since by Ch. II. knighted) in whose conversation he much delighted; and whereas before he marched up and downe with the army, he took him to him and made him ly in his chamber, and said to him, "Prithee leave off thy gunning, and stay here, I will bring thee into practice." For twenty years before he dyed, he took no manner of care about his worldly concerns, but his brother Eliab, who was a very wise and prudent manager, ordered all not only faithfully, but better than he could have done for himself. He was, as all the rest of his brothers, very cholerique, and in his younger days wore a dagger, (as the fashion then was, nay I remember my schoolmaster, Mr. Latimer, at seventy, wore a dudgeon, with a knife and bodkin, as also my old grandfather, Lyte, and Alderman Whitson, of Bristowe, wch. I suppose was the common fashion in their young dayes,) but this Dr. would be apt to drawe out his dagger upon every slight occasion.

He was not tall, but of the lowest stature, round faced, olivaster (like wainscott) complexion; little eie, round, very black, full of spirit; his haire was black as a raven, but quite white twenty years before he dyed.

I first saw him at Oxford, 1642, after Edgehill fight, but was then too young to be acquainted with so great a doctor. I remember he came severall times to our Coll. (Trin.) to George Bathurst, B. D. who had a hen to hatch eggs in his chamber, which they daily opened to see the progress and way of generation. I had not the honor to be acquainted [with] him till 1651, being my cos. Montague's physitian and friend. I was at that time bound for Italy, (but to my great grief dissuaded by my mother's importunity.) He was very communicative, and willing to instruct any that were modest and respectfull to him. And in order to my journey, dictated to me what to see, what company to keep, what bookes to read, how to manage my studyes; in short, he bid me go to the fountaine head, and read Aristotle, Cicero, Avicenna, and did call the neoteriques s . . t breeches. He wrote a very bad hand, which with use I could pretty well read. I have heard him say, that after his booke of the Circulation of the Blood come out, he fell mightly in his practice, and 'twas believed by the vulgar, that he

was crack-brained; and all the physitians were against his opinion, and envyed him; with much adoe at last in about twenty or thirty yeares time, it was received in all the universities in the world, and, as Mr. Hobbes sayes in his book, "De Corpore," he is the only man, perhaps, that ever lived to see his owne doctrine established in his life-time.

He understood Greek and Latin pretty well, but was no critique and he wrote very bad Latin. The Circuitus Sanguinis was, as I take it, donne into Latin by Sir George Ent, as also his booke de Generatione Animalium, but a little book in 12mo. against Riolan (I think) wherein he makes out his doctrine clearer, was writt by himselfe, and that, as I take it, at Oxford.

His Maj. K. Cha. I. gave him the wardenship of Merton College as a reward for his service, but the times suffered him not to receive or enjoy any benefit of it.

He was physitian and a great favourite of the Lord High Marshall of England, Tho. Howard, Earl of Arundel and Surrey, with whom he travelled as his physitian in his Ambassade to the Emperor ———, at Vienna, Ao. Dni. 163–. Mr. Hollar (who was then one of his excellencie's gentlemen) told me, that in his voyage, he would still be making of excursions into the woods, making observations of strange trees and plants, earth, &c., and sometimes like to be lost. So that my Lord Ambassador would be really angry with him, for there was not only danger of thieves, but also of wild beasts.

He was much and often troubled with the goute, and his way of cure was thus: he would then sitt with his legges bare, if it were frost, on the leads of Cockaine-house, putt them into a payle of water, till he was almost dead with cold, and betake himselfe to his stove, and so 'twas gone.

He was hott headed, and his thoughts working would many times keep him from sleeping; he told me that then his way was to rise out of his bed and walke about his chamber in his shirt, till he was pretty coole, i. e. till he began to have a horror, and then returne to his bed, and sleep very comfortably.

I remember he was wont to drink coffee, which he and his brother Eliab did, before coffee-houses were in fashion in London.

All his profession would allow him to be an excellent anatomist, but I never heard any that admired his therapeutique way. I

knew several practitioners in this towne (London) that would not have given 3d for one of his bills ; and that a man could hardly tell by one of his bills what he did aim at.

He did not care for chymistery, and was want to speak against them,* with undervalue.

It is now fitt, and but just, that I should endeavour to undeceive the world in a scandall, that I find strongly runnes of him, wch. I have mett amongst some learned young men : viz. that he made himselfe away, to putt himselfe out of his paine, by opium ; not but that, had he laboured under great paines, he had been readie enough to have done it, I doe not deny, that it was not according to his principles upon certain occasions to ———, but the manner of his dyeing was really and bonâ fide thus : viz. the morning of his death, about ten o'clock, he went to speake, and found he had the dead palsey in his tongue, then he sawe what was to become of him, he knew there was then no hopes for his recovery, so presently sends for his young nephews to come up to him, to whom he gives one his watch,† to another another remembrance, &c., made sign to —— Shambroke, his apothecary, in Blackfryars, to lett him blood on the tongue, which did little or no good, and so he ended his dayes His practice was not very great towards his latter end, he declined it, unless to a speciall friend,—e. g. my Lady Howland, who had a cancer in her breast, which he did cut off and seared, but at last she dyed of it.

He rode on horseback with a foot-cloth to visitt his patients, his man following on foot, as the fashion was then, wch. was very decent, now quite discontinued. The judges rode also with their foot-cloathes to Westminister hall, wch. ended at the death of Sir Rob. Hyde, Lord Ch. Justice. Anth. E. of Shaft. would have revived [it,] but several of the judges being old and ill-horsemen, would not agree to it. The scandal aforesaid is from Sir Charles Scarborough's sayings that he had, towards his latter end, a preparation of opium, and I know not what, which he kept in his study to take, if occasion should serve, to putt him out of his paine, and which Sir Charles promised to give him : this I believe to be true ; but do not at all believe that he really did give it him. The palsey did give him an easie passport.—*Electic Repertory*, vol. vi. p. 107–113.—*N. Y. Med. and Surg Journal.*

* Sic Edit.

† 'Twas a minute watch wth. wch. he made his experiments.

ART. III.—*Medical News and Items.*

The recent reports of medical matters abroad present only a mediocre interest. The importation of typhus fever by the troops returning from the Crimea, has awakened general alarm, and affords a theme for numerous articles in the journals. The Raccoglitore Medico di Fano, of April 17th, states that two steamers had arrived at Genoa with numerous cases of fever on board, and that the Sardinian government had given orders that 3000 beds should be prepared at Varignana, near by, for the reception of patients. The Union Medicale, May 24th, announces that the French *comite d' hygiene*, or board of health, has taken measures to prevent the dissemination of the pestilence by retarding the return of the eastern army, breaking up the troops in small detachments, and garrisoning them in insulated healthy localities. It is hoped that these and other hygienic precautions will stay the progress of the epidemic. Large hospitals have nevertheless been established at Marseilles, Toulon and St. Mandrien. According to the Gazette Medicale of May 3d, nearly forty military surgeons, who had passed safely through the perils of the war in Russia, have succumbed to the fever. Six English physicians and a numerous body of students left Marseilles for the east, early in April, to aid in the care of the sick. The Moniteur publishes a letter to the emperor from Gen. Espinasse, dated April 21st, which represents the epidemic as declining, and gives a favorable picture of the good order and management of the hospitals at Constantinople.

From Paris, we read of the death of two most useful men. Vidal, the author of a treatise on surgery, than which there is none in any language that better represents the existing state of that science, died on the 15th of April. Sandras, physician at Hotel Dieu, and the author of a most important and complete work on nervous diseases, died within a few days of his colleague. Both of them were cut down in their prime.

At the Faculty of Medicine, old Dumeril has resigned the summer course on practical medicine into the competent hands of Henry Roger, one of the accessory professors or *aggreges*, who is favorably known in this country as the author, in conjunction with Barth, of a standard work on auscultation.

At the Institute, Jobert has been elected to the section of medicine and surgery, in the place vacated by the death of Magendie. The section, through its dean, M. Serres, reported the names of

Cruveilhier and Longet among the medical candidates, Jobert and Guerin among the surgical candidates, and recommended the election of one of the physicians. After a sharp contest, Jobert was elected by one majority over Longet, and was proclaimed a member of the Academy of Sciences. At a recent meeting, Elie de Beaumont, the successor of Arago in the secretaryship, read a letter from Dr. Chas. T. Jackson, of Boston, describing an analysis of the blood of a patient killed by chloroform, which demonstrated the presence of formic acid in the decomposed blood, whereat the Archives Generales observes that "such an analysis may gratify the curiosity of chemists, but is of precious little consequence to surgeons." A communication was also received from Dr. Knapp, of Cincinnati, "on puerperal anæmia," with an announcement of that author's intention to become a competitor for the Breant legacy of 100,000 francs for the discovery of the cause of cholera or its specific cure

Dr. Brown-Sequard is assailing M. Longet's theory of the transmission of sensitive impressions, in a series of erudite and most voluminous mémoirs, published in the Gazette Medicale.

At the Academy of Medicine, the ophthalmiæ and their treatment (?) by "occlusion," or closure of the lids, have had the honor of a long discussion. A report of a case of ovarian dropsy treated by detersive and iodized injections by Dr. Barth, presents some features of interest to which we shall advert elsewhere. The mechanicians have designed the academy with Desmarre's new ophthalmoscope (of polished steel,) Robiquet's sacharimeter or "diabetometer," and various apparatus for the therapeutical application of electricity on which M. Bouvier has made a report, in obedience to an enquiry from the minister. The report states that the galvano-thermo-electric apparatus of Beckelsteiner is worthless; that E. Bernard's volta-faradic machine is as good, and, at the same time cheaper, more portable, and less complicated than many similar machines; that the galvano-electric machine of Legendre and Morin is admirably contrived, and without involving any new invention precisely, has the merit of combining in a small compass the various modes of applying inductive electricity, and that it suffices for all ordinary purposes for which electricity is employed as a therapeutical agent; lastly, that the utility of the galvanic belts and mixtures of the brothers Breton remains to be proved. These opinions will interest our importers of instruments. At the meeting of April 15th, a remarkable communication from Dr. Bernard of Apt, was read, in

which an account was given of sixty cases of difficult labor, in which the forceps were used, the instrument being introduced without unmounting the blades. This physician advises that the forceps should invariably be used without separating the blades. M. Legala's reports on two cases of lithotomy practiced by Dr. Catheodory, surgeon to the sultan, in which that gentleman modified the bilateral operation of Dupuytren by making a third incision in the prostate, in a direction downward, in order to extract calculi of extraordinary dimensions. M. Blache reports on a memoir of Dr. Ribard, "on the abortive treatment of typhoid fever by quinine," that the results of the medication are far from sanctioning the expression *abortive treatment* employed by the author.—*Virginia Stethoscope.*

ART. IV.—*Rules for Restoring the Drowned.—Drawn up by* DR. MARSHALL HALL, M. D., F. R. S.

The following rules are the *result* of half a year's investigation of Apnœa and Asphyxia—a subject which I propose to prosecute still further, knowing that truth only comes from long continued labor and research. I wish especially to put to the test of careful experiment, the correctness of the dogma, that if the heart has once ceased to beat, its action can never be restored—a dogma calculated to paralyze our efforts in many cases in which hope may really not be *totally* extinct:

1. Treat the patient instantly, on the spot, in the open air, except in severe weather, freely exposing the face, neck and chest to the breeze.

2. Send with all speed for medical aid, and for articles of clothing, blankets, &c.

3. Place the patient gently on the face, with one arm under the forehead, so that any fluids may flow from the throat and mouth; and, without loss of time,—

I.—*To Excite Respiration,*—

4. Turn the patient on his side, and

(i.) Apply snuff or other irritant to the nostrils.

(ii.) Dash cold water on the face previously rubbed briskly until it is warm.

If there be no success, again lose no time; but,—

II.—*To Imitate Respiration,*—

5. Replace the patient on his face; (when the tongue then will fall forward and leave the entrance into the windpipe free;) then,—

6. Turn the body gently but completely *on the side and a little beyond* (when inspiration will occur,) and then on the face, making gentle pressure along the back, (when expiration will take place,) alternately; these measures must be repeated deliberately, efficiently, and perseveringly, fifteen times in the minute, only; meanwhile,—

III.—*To Induce Circulation and Warmth,*—

continuing these measures,—

7. Rub the limbs upwards, with firm pressure and with energy, using handkerchiefs, &c., for towels.

8. Replace the patient's wet clothing by such other clothing as can be instantly procured, each bystander supplying a coat, waistcoat, &c.

These rules are founded on physiology; and, whilst they comprise all that can be immediately done for the patient, exclude all apparatus, galvanism, the warm bath, &c., as useless, not to say injurious, especially the last of these; and all loss of time in removal, &c.; as fatal.—*London Lancet.*

V.—*The Laws of Epidmis.*

Dr. Bell Salter, at the twenty-fourth anniversary meeting of the Provincial Medical and Surgical Association, read the address in medicine, which was a summary of our present knowledge of the laws of epidmis. He said that the lower animals and plants were subject to epidemic diseases, some of which had been found consentaneous with others prevailing amongst mankind. Wild birds were often known to be scarce or absent from places where human epidemics prevailed; and their return was a sign that the intensity of the disease had diminished. Flies are often few at periods of epidemics, though at other times the presence of large numbers of insects is coincident with the disease; and the multitude of some, as locusts, is an active cause of certain maladies. The speaker proceeded to classify epidemic diseases, and indicated the years of some of their most serious attacks. Of the older epidemics, the plague and the yellow fever were the principal ones remaining; but the

former, for the most part, ever since the fearful plague of London, in 1665, had been confined to parts of Asia and Africa, bordering the Mediterranean. Amongst epidemics mentioned in history, but now extinct, (?) is the sweating sickness, which, in some cases, had been known to carry off the patient in two hours: it first appeared in Europe, in 1484; then prevailed from 1517 to 1528; and was last known in England in 1550; but in Denmark and Sweden, it had prevailed so late of 1710. The black-death, which first appeared in 1348, had, like cholera, arisen in the east, and spread westward; it appeared to have been a modification of plague in conjunction with pneumonia. Leprosy and cholera were epidemics of the thirteenth and fourteenth centuries; and the latter (like some manifestations which have within the last few years been observed in Germany and Sweden) had apparently a mental origin. Irregularity of the seasons had always attended the outbreak of an epidemic; and an extreme paucity of house flies had been noticed during the attacks of cholera in 1832 and 1849. The history of an epidemic outbreak was next described; and it was remarked that the localities in which the first cases had appeared were those where the heaviest amount of mortality had been present to the last. The mortality from modern epidemics is however trifling, as compared with that caused by the old ones. Of these attacks by the sweating sickness, only one or two per cent. were accustomed to survive. Epidemics were then classified into local, latitudinal, and mundane. Amongst many other subjects, Dr. Bell Salter drew attention to the report of the Board of Health on Cholera, and the proofs furnished by it that the production of that disease was intimately connected with impurities in the water supply; that little electricity had been manifested, and a total absence of ozone from the atmosphere during attacks of cholera; that the zymotic doctrine is more applicable to cholera than has been yet recognised; that epidemics are not affected by regulations of quarantine; and that intervals free from severe epidemics were the proper periods for making and carrying out arrangements to prevent them, which in times of pestilence are fraught with danger. He remarked that tontines have proved the value of human life to be one-fourth greater than in the century before the time of Pitt; that medical science had done much to contribute to this result; and that the more we were enabled to check the progress of minor epidemics, the less was the liability to others of a more severe description.—*London Lancet.*

ART. VI.—"*Hereditary Influence, Animal and Human.*"

In Littell's *Living Age* for October 3d, 1856, we find an elaborate article, with the above caption, taken from the *Westminster Review.* The writer examines the subject in most of its aspects, and with reference to two publications lately issued in England and France, and to another bearing the date 1828, at Paris. The whole paper will greatly interest the physiologist and the medical philosopher; we have space only for a cursory allusion to one or two points always acknowledged to be of the highest importance to the welfare of the human race, and about which much has been written and a great deal remains to be understood and discovered.

The writer in the *Review* well remarks, in opening his subject—"The problem of hereditary transmission, physical and moral, although one of the most interesting of physiological problems, is also one of the most baffling. In spite of its obscurity it fascinates the inquirer; perhaps with all the greater force because of its obscurity— * * * * * —."

To the momentous question of hereditary *insanity*, the last two or three pages of the review are devoted. The fact of transmission is, of course, acknowledged, and two remarkable instances are cited, from the most reliable authorities, to show the fact of periodical recurrence, and the occasional strong resemblance in the nature of the attacks. Esquirol furnishes an example: "A lady, in her twenty-fifth year, went out of her mind after her accouchement; her daughter was afflicted in the same way, at the same age, and under the same circumstances." The other case is related by Moreau, and is that "of a man who, greatly agitated by the events of the French Revolution, shut himself up in one room, from which he never stirred during ten years; his daughter, on reaching the age at which he was attacked, fell into the same state, and could not be made to quit her apartment." These are striking instances. It may be remarked that the latter, particularly, would have been more so if the second subject of the affection had been a son instead of a daughter; the effect of so peculiar and long-continued self-imprisonment would be more likely to impress the female than the male organism, and possibly to call to its aid the hysterical influence more inherent in the former than in the latter.

The reviewer goes on to broach a very important subject—that of the propriety of contracting marriage when either party exhibits

signs of insanity, or has the misfortune to spring from a tainted stock. While he seems fully alive to the "awful responsibility" attaching to parents or guardians who are called upon to decide whether or not an alliance shall be formed under such circumstances, he seems inclined to allow more freedom than we have been accustomed to think safe or wise. It is true that, nearly always, parental or friendly influence is of but very limited avail, as the old couplet implies, —

> "When love gets into the youthful brain,
> Discretion is useless and caution vain!"

but we believe that duty imperatively calls for caution, and let us hope that it is not always in vain. If young persons would only be willing, under judicious advice, to balance probabilities (for, with the reviewer, we acknowledge it is not *certain* that either insanity, scrofula or consumption will be transmitted to offspring by affected parents,) they will hesitate before they render their children liable, even, to a terrible inheritance, and one which they, in their turn, may, nay, frequently must, communicate, more or less directly, to those who come after them in the bonds of consanguinity. The writer whose paper affords us the opportunity for these remarks, while he allows (what indeed he cannot ignore) that at some time insanity will suddenly break out, through the influence of transmission, in a family, is yet disinclined to advise the endeavor, even, to frustrate alliances which would involve all the requisite elements of such a result. He even says, "we frankly confess that we should hesitate before pronouncing against marriage, even when one of the lovers had already exhibited unequivocal signs of insanity or consumption. Nor is this said from any love of paradox; it is quite serious, as the reader will admit, when he considers that the probability of transmission to children is very *uncertain*, and is entirely dependent on the other parent" (that is, on the diseased parent.) Now we believe that there are few who would not, if called upon to "pronounce" an opinion in these cases, decidedly advise against such union. It is one thing to advise, and another to compel; but what should we think of parents or guardians who deliberately countenanced marriage under the circumstances designated? The question is best answered by bringing it home, each one to himself, should we be indifferent to these risks ourselves, or for those to whom we are related? Every one must know of instances, for they are not rare, in which the most disastrous results have followed mar-

riages contracted under palpable evidence of likelihood of an hereditary transmission of insanity or of physical disease. For ourselves, we are cognizant of several such cases. What, we would ask, do the advocates of such marriages offer as equivalents for the evils induced? To talk of thwarted affection, &c., is all very well; this is painful, but far less so than the woful results which may, at least, be expected. Should not, then, the influence of calm and well-informed advisers be rather against, than in favor of, these alliances? We think so, and consequently cannot join the reviewer in his opinion upon this mooted question. Nothing, as it seems to us, can be more shocking than to aid and abet marriage between two individuals, *liable*, to say the least, to propagate a terrible mental or physical disease. The question may rest upon an uncertain foundation, but no matter whether it be only what he terms one of "organic combination," or even if it make marriage a greater "rarity," we still hold it the duty of all, but particularly of medical men, to discourage the incurring a risk alike fearful to the chief actors, and to those who may derive their existence from them.

The writer of the review suggests, in a foot note, that "Dr. Forbes Winslow might take up this topic in his valuable Journal of Psychological Medicine with good effect." We think so too, but venture to say that he would differ, in many points, from the positions we have referred to.—*Boston Med. & Surg. Journal.*

ART. VII.—*Letter from Prof. Geo. C. Blackman.*

BURNET HOUSE, Aug. 4, 1856.

MR. EDITOR:—Since the appearance of the last number of the Lancet, you have assisted me in two operations which for several reasons are worthy of record. I believe with Wiseman, the father of British surgery, that it is the duty of every surgeon to publish his unsuccessful as well as his successful cases. "For my part," he says in his preface, "I have done it faithfully, and thought it no disgrace to let the world see where I failed of success," which failures, he adds, "have attended all my brethren as well as myself, and will attend thee, also reader, in spite of all thy care and diligence, if thou undertake the employment." The date of this preface was May, 1676 (*vide Chirurgical Treatises,*) and after briefly detailing the cases which have occurred in my practice, I propose to

determine to what extent the predictions of the "Parê of England" have been verified, as regards the treatment of *old* dislocations of the shoulder.

About the 10th ult., aided by yourself, I succeeded in reducing by manipulation, without the pulleys, a dislocation into the axilla of 80 days' standing. The reduction was accomplished in a very few minutes, under the influence of chloroform and ether, and the next morning the patient left for the country, in a comfortable condition Since that I have received no tidings from him. Encouraged by the result in this case, another patient, himself a physician, a tall athletic man, and about 50 years of age, decided to submit to the same manipulation, although his arm had been dislocated for about sixteen weeks. The dislocation was downward and inward, and about the 10th week an unsuccessful attempt, by another surgeon, had been made with the pulleys, to which the force of six men was applied for two and a half hours. The patient being under the influence of chloroform and ether, aided by yourself, Drs. Fries, Cary, Graham and Kauffman, I commenced my manipulations, adducing, rotating, abducting and elevating the arm. These efforts had been made for about ten minutes, and the least possible violence employed, when a tumefaction appeared in the pectoral region, which in a few minutes attained considerable size. Supposing that the axillary artery was ruptured, as no pulse could be felt at the wrist, a ligature was immediately applied to the vessel at the upper part of its course. The operation was performed about 10 o'clock, a, m., and compression of the pectoral region, made by means of a sponge and broad roller. On removing this the next morning, the tumefaction had nearly disappeared. The patient continued comfortable, and about nine days after the application of the ligature, I was compelled to leave the city on a professional visit to Indiana. I left on Friday afternoon and returned on Monday morning, at which time I learned that my patient had died on Sunday morning from hemorrhage at the seat of ligature. Two physicians, his most intimate friends, lodged in the same house with him, but before they reached his bedside the quantity of blood lost was so great that he sank exhausted in about 2 hours from the first and *only* attack of hemorrhage. Previous to my departure for Indiana, I had suggested to the physicians in charge, the importance of having compressed sponge at hand, to be used in any emergency of the kind, but this was not used by the attendant; instead of applying pressure in-

stantaneously, he went in search of the physicians, who at that early hour in the morning, were in bed. The time thus lost, unquestionably led to the fatal catastrophe.

I might refer you to numerous instances of success in the reduction of old dislocations—from two to six months standing—which have occurred since the days of Wiseman, but I propose to notice only the accidents by which some of these attempts have occasionally been followed. One of the earliest recorded, so far as we have been able to learn, is the case reported by Desault in the *Journal de Chirury*, t. 4, p, 301.

During the eflort of this surgeon to reduce an old dislocation, suddenly a considerable "*tumeur aerienne*" appeared below the clavicle, which Desault attributed to the "*degagemen de l'air amasse entre les cellules rompues du tissu cellulaire!*" In a few days this tumor entirely subsided under the influence of "*astringens et une compression methodique.*" Whether it was the result of a disengagement of air from the lacerated cells of the cellular membrane, as supposed by Desault, or of a rupture of blood vessels, we leave the reader to determine.

It is somewhat singular that Desault should have met with two cases of this extraordinary phenomenon. Pelletan's explanation in our opinion, throws some light on this subject. In an attempt to reduce a luxation of four months standing, the same kind of "*tumeur aerienne*" appeared. It was opened, and the hemorrhage from the torn artery was fatal. (*Clin. Chirurg.*, t. ii., p. 95.)

Malgaigne states that he is acquainted but with a single instance of an "emphyseme veritable" following a reduction, and that is the one reported by Flaubert, in his *Men. sur. plus cas de luxations dans lesquels les efforts pour la reduction ont ete suivis d' accidents graves;* which appeared in the *Reportoire d' anat. et de phys.*, 1827, The patient, a female, æt. 70, screamed violently during the operation, and Malgaigne is disposed to believe that the emphysema was independent of the luxation, or the reduction. (*Traite des Tract. et des Luxations*, tom. ii., p. 147.)

Malgaigne, himself, attempted reduction in a case of sixty-eight days' standing, but was forced to discontinue his efforts in consequence of the sudden appearance of a tumefaction in the axilla, and on the shoulder. Ice was applied, and in the course of a few hours

the swelling was arrested, and by the twenty-second day, the blood, which he thinks came from ruptured muscular branches, was completely absorbed, (*op. cit.* page 150.)

A case occurred to Flaubert, in which, besides the tumefaction, the pulse could not be felt at the wrist. The hand was cold, insensible and immovable. The next day, however, the pulse returned to the wrist, and in the course of twenty-six days the effused blood was absorbed. Froriep lost a patient from a rupture of the axillary vein, which proved fatal in an hour and a half after the operation, (op. cit. p. 151.) The reader may find in the comprehensive treatise of Malgaigne, details of cases in which the axillary artery was ruptured. We pass over those observed by Verduc, Petit, Platmer, Delpech, and that referred to by Sir Charles Bell, in his Operative Surgery. The late Dr. John C. Warren tied the subclavian to arrest the progress of an enormous aneurismal tumor in the axilla, the result of the reduction of a recent dislocation, and of supposed pressure of the operator's boot. In this instance the coats of the artery were so contused that sloughing took place during a fit of coughing, five days after the accident—(*Amer. Jour. Med. Sciences.* vol. xi, N. S., 1846.) In 1825, M. Loudet lost a patient at the hospital in Rouen. The dislocation was of only eleven days standing, and was complicated with a fracture of the margin of the glenoid cavity, as in the two fatal cases which occurred in the practice of Prof. Gibson of Philadelphia. The latter cases are too familiar to every surgical student to require particular mention in this place. Prof. Gibson, in connection with the report of the above cases, gives briefly the details of a fatal operation by David, of Rouen. The luxation had existed several months, and great force was employed in the reduction. This resulted in an inflammation, mortification and death. Some years since, Lisfranc attempted the reduction in a case of four months standing. He succeeded; but on visiting the patient an hour afterwards he was found dead. His death was attributed to cerebral congestion, as the autopsy showed the axillary artery, veins and nerves uninjured—Vid. *Bul. de la Soc. de Chirurg. de Paris*, Tom. Prem., p. 718.) In the same volume MM. Lenoir, and Larrey, refer to cases in which they had met with lesion of the brachial plexus, giving rise to paralysis, and yet these were recent cases, and the reduction was most readily accomplished. But I will not multiply cases of this kind; those already related will suffice, in the minds of many, to answer the question—At what period

of time after a dislocation of the shoulder, is an attempt at reduction justifiable? When Prof. Gibson lost his first patient, he wrote that "should a case, similar in external appearance to that of James Scofield again occur, I shall feel justified in adopting a similar course"—(*Gibson's Surgery*, vol. 1, p. 824, 4th ed.) When he had lost his second patient (John Langton,) he expressed his views as follows, "The conclusions which I am now prepared to draw, are directly the reverse of what I have stated in some of the foregoing pages; I am now disposed to condemn, in the most unqualified terms, all attempts at the restoration of ancient luxations of the humerus and other bones—except in cases where the patient is remarkably thin and debilitated, and where there has been little or no inflammation at the time or subsequent to the displacement."—(*Op. Cit.* p. 351.) At a meeting of the *Societie de Chirurgie* of Paris, July 3, 1850, M. Maisonneuve reported a case in which, after M. Velpeau had failed, he succeeded in reducing a luxation of the shoulder of 12 weeks standing, and elated with this triumph over the veteran of La Charite, he asserts there are but few cases in which, with the aid of chloroform, we may not succeed. "*Quelles resistances y a-t-il a vaincre ici, en effet?*" He asks, "*Il n'y a presque pas d'engrenage; les muscles sont nentralises par le chloroforme; il ne reste donc que des adherences fibreuses: l'on pourra presque toujours les surmonter les rompre.*"—(*Bul. de Soc. de Chir.* t. i. p. 716.) But these fibrous adhesions are not the only obstacles to overcome; where the tissues surrounding the head have become consolidated by inflammation, the axillary vessels and nerves must be in danger of laceration. Perhaps, however, as M. Maisonneuve suggests, this accident may be avoided by "*extensions preparatoires*," as in the attempts to restore contracted limbs to the natural shape.

GEO. C. BLACKMAN,
Western Lancet.

ART. VIII.—*The Sydenham Society of London.*

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RICHARD J. DUNGLISON, M.D.,
Hon. Local Secretary for Philadelphia.

ART. IX.—*Summary of the Principal Facts and Conclusions on the Physiology of the Spinal Cord.* By BROWN-SEQUARD, M.D. (Written in defence of his position as the original discoverer of the facts contained in his Prize Essay, to which the French Academy of Sciences awarded the prize for 1855.)

PARIS, August 1st, 1856.

To the Editor of the Charleston Medical Journal and Review:

SIR:—Will you be so kind as to insert the following lines in the next number of your excellent periodical? You have been very severe upon me, but I have no doubt, from what I hear about you, that as soon as you will know how ill-founded was your severity, you will do all in your power to repair the injustice you have done me.

In your number of May last you say: "In reference to articles published by Dr. Dowler twelve years ago, we find that he has been inexcusably and unjustly defrauded of his right as the original discoverer of the very functions of the spinal cord to which M. Brown-Séquard now lays claim."—*Charleston Medical Journal and Review, May*, 1856, p. 402.

Had you been acquainted with my researches, you would have spoken quite otherwise. You would have known: 1st. That the facts I believe I have discovered, are not only different from those Dr. Dowler thinks he has discovered, but in complete opposition with them. 2d. That the theories I have arrived at are entirely different from, and in radical opposition with the theory proposed by Dr. Dowler.

Here is a short summary of the principal facts and conclusions contained in my prize essay. For the details I will refer you, and those of your readers interested in the subject, to my papers, published in the following medical journals: The Virginia Med. & Surg. Journal, Nos. 3 and 4, 1855, p. 177 and 283; Gaz. hebd. de Med., Nos. 31 and 36, 1855; Gaz. Med. de Paris, 1855, p. 489, 564, 573, 593; 1856, p. 238, 252, 342; London Med. Times & Gaz., April and May, 1856, p. 407 and 432.

Among the facts I have discovered, the following are the most interesting;

1st. A transversal section of either the two posterior columns of the spinal cord, instead of diminishing or destroying sensibility, is followed by a notable increase of sensibility in almost all the parts of the body which are behind the section.

2d. All the parts of the encephalon which are situated in the posterior or superior side of this nervous centre resemble the posterior columns of the spinal marrow in this respect—that a state of hyperæthesia always follows a transverse section upon any of them.

3d. After a complete transversal section of the whole spinal cord, except the posterior columns, the transmission of sensitive impressions, from almost all the parts behind the section, does not take place.

4th. A longitudinal section of the lumbar enlargement of the spinal cord, separating it in two lateral halves, although it does not injure the posterior columns, destroys sensibility in the two posterior limbs.

5th. The gray matter of the spinal cord seems to be deprived of sensibility, although it is a conductor of sensitive impressions.

6th. If the whole spinal cord is left undivided, while the central gray matter, and a good part of the posterior cornua are divided transversely, sensibility is lost almost entirely behind the section.

These are some of the principal facts I have found and shown to various learned Societies, and to large classes of Physicians, both in our country and in Europe. It seems to me useless to insist upon the opposition which exists between these facts and the results of Dr. Dowler's experiments. But I must point out that if the theory of Dr. Dowler had been true, the facts above related (at least Nos. 3, 4, 5 and 6,) would have been entirely different from what they have been. In other words I ought to have found sensibility existing and not missing, as I have ascertained a thousand times that it is.

Now, as to my conclusions, here are some of them. You will see how widely they differ from Dr. Dowler's conclusions:

1st. There are two kinds of sensitive fibres in the posterior columns, (these columns are the only sensitive parts of the cord,) some going up towards the encephalon, (*centripetal, or ascending fibres,*) some going in the opposite direction (*centrifugal or descending fibres.*)

2d. There are also ascending and descending fibres in the posterior gray cornua, and the lateral columns, but these fibres, although able to transmit sensitive impressions, are deprived of sensibility.

3d. The ascending and descending fibres of the posterior columns, and also of the gray cornua, and very likely those of the pos-

terior parts of the lateral columns, come mostly from the posterior roots of the spinal nerves.

4th. The ascending and descending fibres which have passed from the posterior roots into the posterior columns, the gray cornua, and very likely also in the lateral columns, soon leave these parts to go into the central gray matter.

5th. The ascending and descending fibres coming from the posterior roots, decussate in the spinal cord, and they make their decussation, in a great measure, very near their place of entrance into this organ. This conclusion is proved, not only by experiments, but by many pathological cases observed in man.

6th. The transmission of sensitive impressions through the spinal cord towards the encephalon, takes place in some definite directions, and not, as many German physiologists have thought, in almost every direction.

7th. There are some transversal fibres in the spinal cord, coming from the posterior roots, which do not seem to transmit sensitive impressions.

8th. The part through which sensitive impressions are in the last place transmitted to the sensorium (in the encephalon,) is the gray matter, and particularly that of the centre of the cord.

I believe it is not necessary to enter into any detail to show the opposition between these conclusions and the theory of Dr. Dowler. All these conclusions point out the peculiar channel of the sensitive fibres and of the sensitive impressions through and along the spinal cord, towards the encephalon, and therefore they are in direct opposition with the views of Dr. Dowler, who admits that almost every part of the body is endowed with sensibility, and who thinks that the white or the gray matter of the spinal cord and its posterior, anterior, and lateral columns, are all alike as regards sensibility.

I will only add that my experiments perfectly agree with the views of almost all the living physiologists, respecting the seat of the sensorium. I find this seat to be in the encephalon, and not disseminated almost every where, as Dr. Dowler thinks. As to the spianl cord, I believe my experiments show that it is a mere leader, not as Dr. Dowler thinks, one of the numerous seats of voluntary power and of a diffused sensorium. And now, if a prize has been awarded to me, it is not for my having given any confirmation to the theory of Dr. Dowler, but on the contrary, to have adduced facts and proposed theories in radical opposition with it.

In finishing your article of May last, you say: "The medical editors of this country are called upon to contest the claims of the *European*, and assert the right of priority of discovery for the American physiologist." I was not born in Europe, and I am not in any way a European. I am an American citizen, not by naturalization, as you might think, but by right of birth, according to the United States law, that wherever a man is born, if he is the son of an American, he is himself an American. I might add, that my father's family, in the last century, settled in your own State, in New York, and in Philadelphia, and my father, who was born in Philadelphia, served several years, when young, in the United States Navy, as a Midshipman.

I may therefore—and I am proud to be able to do so—call myself,

Your countryman,

ED. BROWN-SEQUARD, M. D.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

New Remedies, with Formula for their Preparation and Administration. By ROBLEY DUNGLISON, M. D., L. L. D., Prof. of the Institutes of Medicine in Jefferson Medical College, Philadelphia, &c., etc. Seventh edition, with numerous additions: Philadelphia: Blanchard & Lea, 1856, pp. 749.

As stated, this is the *seventh* edition that it seems has been called for. Since the publication of the last, the author has endeavored to collect every thing of moment, so as to present to student or practitioner the pioneering which has taken place in the use of drugs, appliances, etc. The present volume contains a number of articles that had not a place in it heretofore. Besides, articles treated of in former editions will be found to have been expounded or contracted as seemed to be required by the progress of information.

On no subject is it more difficult to write than on the effects of remedies. What we have on this department is the result of what

is called "observation." To our minds, the process couched under this term involves qualifications and circumstances by no means present in a vast majority of the instances in which it is exercised. No one should be expected to observe well who is not thoroughly acquainted with anatomy, physiology, pathology, materia medica, in short, with all the departments of Medical science. Then, again, there are certain traits of character indispensable, and without which observation is of but little force. Here, more than in any other department, a mind is wanted that has been trained in tracing the relation between appearances and realities—between causes and effects. How much have we had proposed for public confidence, in all ages, having nothing more for its support than a *non causa pro causa*, or some other sophism. We have only to look back over the records of the profession in order to see this remark verified. Hundreds of articles, simple and compound, that formerly had character, have been expunged, and the word "*useless*," written over them. A great number, too, have been retained, year after year, when there was a general consciousness, not merely of their want of efficacy in the diseases or forms of disease for which they were recommended, but a belief that they were inert. Ostracism, indeed, has not kept pace with knowledge.

There seems to have been, and is now, an indisposition to the proper and prompt exercise of the pruning-knife. See how long many of the old polypharmacal preparations have been retained in systematic treatises, when their combinations could be vindicated upon no principle whatever. It is only a few years since the *Theriac* of *Andaomacleus*, a modification of the *Antidotum Mithridatum* was dismissed from the British pharmacopœias. It was a farrago, consisting of seventy-two articles. Still later, if French journals may be credited, Ricord, in the treatment of a case of Blennorhagic epididymitis, recommends compression to be made by means of the "plaster of Vigo." Into the composition of this plaster *living frogs* and *living earth worms* enter with various inert herbs, turpentine, olibanum, liquid storax, etc.—all melted together.

Fortunately, a better state of things is about to be inaugurated. We are beginning to learn to credit observations only after they have come to us through the proper channel. "It is now felt," to employ the language of a distinguished surgeon, Liston—"that the greatest number of well-assorted facts on a particular subject con-

stitute experience, whether these facts have been culled in five years or in fifty."

The author states that it has been his aim to furnish in the volume before us, exact reference to works in which further information may be obtained. He has likewise added the results of his own experience in public and in private. In short, his motto has been *prodesse quam conspici.*

The Dissectors' Manual of Practical and Surgical Anatomy. By Erasmus Wilson, F. R. S., author of "A System of Human Anatomy," etc. The third American, from the last revised London edition, illustrated with one hundred and fifty-four wood engravings: Edited by Wm. Hunt, M. D., Demonstrator of Anatomy in the University of Pennsylvania: Philadelphia, Blanchard & Lea. [For sale by Riley & Co.]

The above is a *new* edition of this popular manual, and will, as it deserves, meet with a ready sale.

Practical Anatomy, a New Arrangement of the London Dissector, with Numerous Modifications and Additions, containing a concise description of the Muscles, Blood-Vessels, Nerves, Viscera and Ligaments of the Human Body, as they appear in Dissection, with illustrations. By Haynes Agnew, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia (Blockley) Hospital: Philadelphia, J. B. Lippincott & Co. [For sale in this city.]

A slight inspection of this little book induces us to believe that the editor, in his "New Arrangement" of the London Dissector, has hit upon one that will be very useful and acceptable to the student.

Books on anatomy, although the subject is one that lies at the very foundation of an education, are not being multiplied in proportion to those on other subjects. It may be said that one good treatise is all that is necessary, for the day of discovering is over, and the matter undergoes but little if any change. All this, if true, which it is not, does not supercede the necessity of getting up a new work to simplify discriptions and improve diagrams. We want a model work, which besides giving all that is known of Human Anatomy, will present also an outline of the anatomy of *inferior animals.* Somebody has said that all animals were made on the same plan, the variations being only such as to adapt each to the

sphere in which it was destined to move. Any one possessing one idea of the subject of Zoology, will at once see the truth of the remark. A work, therefore, on anatomy must be very imperfect if confined to the anatomy of a single class or order of animals. To be philosophical, it should begin with the simplest form and proceed to the most complex, and for such a work properly fixed up with illustrations there is room.

Human Physiology. By Robley Dunglison, M. D., L. L. D., Prof. of the Institutes of Medicine in Jefferson Medical College, Philadelphia, Vice President of the American Philosophical Society, etc., etc.; with Five Hundred and Twenty-two Illustrations. Eighth Edition, revised, modified and enlarged. In Two Volumes; 1856. Philadelphia: Blanchard & Lea. [For sale by Riley & Co.]

It is unnecessary for us to do anything more than to state that the demand for another edition of the above work has given occasion to a thorough revision of it by the author; the present being the eighth edition.

In no department of medicine have there been, of late, so many who were willing and eager to investigate as in Physiology. As a consequence, the profession have had a shower of books, all tending more or less, by the detail of observations and experiments and by the arrangements of the inferences derived from them into systematic treatises, to enrich the science. Since the former edition of the work before us, many modifications of fact and inference have taken place. With reference to these, the author has expressed and recorded his views. Especially has he endeavored to note the phenomena that have presented themselves to the most accurate observer. The former editions of this work were a kind of encyclopædia of the opinions and reasonings of the ancient fathers. These the author has been very sensible to retain in the present edition. On the great subject of anthropology our predecessors entertained, of course, some views that were chimerical, but some also that so far as we know are correct. Keeping up therefore a record of the history of the science is not only very useful, but a simple act of justice to those who have labored to perfect it.

The author has inserted in the present edition the results of the labors of recent histologists, especially those applicable to physiology.

Revised, modified and *enlarged* as it is, this work has also merit in its *arrangement*, and in being written in a very perspicuous style.

A Treatise on the Practice of Surgery. By HENRY H. SMITH, M. D., Prof. of the Principles and Practice of Surgery in the University of Pennsylvania; Consulting Surgeon to St. Joseph's Hospital, Philadelphia, and author of a Treatise on Operative Surgery, etc., etc. Illustrated by Two Hundred and Seventy-four Engravings on Wood. Philadelphia: J. B. Lippincott & Co. 1856. pp. 828.

This is a new work, just from the house of Lippincott & Co., and the mechanical execution is excellent.

The author states that he has prepared it as an adjuvant to his lectures on the Principles and Practice of Surgery, and he has so arranged it that while it will recall many of the opinions taught in his course, it will also facilitate the progress of the young surgeon, and prove useful to him as a work of reference. The work before us, in connection with his "Operative Surgery," the author designs to form one series on the science and art of surgery.

This being a text book, it of course differs in no essential respect from that already in the hands of the profession. The author has taken some pains to cull from the most recent sources, both as it regards Pathology and Treatment. On the former he has drawn largely from Paget, and on the latter from the various able monographs of Sir Ashley Cooper, Stanley, Lawrence, Wilde, etc. The book therefore may be regarded as a very clever digest of surgical science, as we have it at the present day.

The work is divided into six parts. Part I., Surgical Pathology and Therapeutics; Part II., Surgical Pathology of the Soft Tissues; Part III., Pathology of Abnormal Growths in the Soft Tissues; Part IV., Injuries of Soft Tissues; Part V., Injuries and Diseases of Bones; Part VI., Injuries and Diseases of Joints.

We have not space, if we even had the inclination, to review the chapters in detail. The one on *Surgical Semiology* commences the work, and one on Luxations closes it. Either of these chapters, taken as a sample, could not fail to make a good impression.

We turned to the chapter on Luxations of the Hip-joint, to see what the author had to say with reference to Reid's plan of reduction by *Manipulation*—one of the improvements of modern surgery. He adopts it as preferable, and gives a very good cut illustrating the method of its performance.

The Microscope and its Revelations. By Wm. B. Carpenter, M. D., F. R. S., F. G. S.; Examiner in Physiology and Comparative Anatomy in the University of London, Prof. of Medical Jurisprudence in University College, President of the Microscopical Society of London, etc., etc.; With an Appendix containing the application of the Microscope to Clinical Medicine, etc.; By Francis Gurney Smith, Prof. of the Institutes of Medicine in the medical department of Pennsylvania College, etc Illustrated by Four Hundred and Thirty-four Engravings on Wood. Philadelphia: Blanchard & Lea. 1856. pp. 724.

This is a *new* work from Carpenter, who has figured so much on both sides of the Atlantic in physiological inquiries. The work, as it passed from the hands of its author, did not embrace the clinical applications of the Microscope. This has been supplied in the form of an Appendix, by the American editor, which will give the work a wider range of circulation.

To all it must be very obvious that there is a growing increase in the use of the Microscope. As gratifying a laudable curiosity, of obtaining healthful recreation, or of prosecuting scientific researches, the Microscope must take a number one rank. Of its availability in medical inquiries it is unnecessary to speak. All who know anything of the present state of professional knowledge, and the points in which it will most favorably contrast with what was known in former times, see at once our indebtedness to the Microscope. It has taken the cataract out of our eyes, and thus capacitated us to enjoy the light of a new world—a world of *minutiæ*.

The existing treatises, either American or foreign on the Microscope and its uses, being almost exclusively concerned with the Microscope itself, or with some special branches of microscopic study, it occurred to the author that a work which should combine within a moderate compass the information relative to the structure of the instrument, the use of "tools," and the objects for whose minute examination it is most appropriate, was much needed, and hence the present Treatise.

The work is made up of twenty chapters: 1st, Optical Principles of the Microscope; 2d, Construction of the Microscope; 3d, Accessory Apparatus; 4th, Management of the Microscope; 5, Preparing, Manuting and Collecting Objects; 6th, Microscopic Forms of Vegetable Life—Protophytes; 7th, Microscopic Structure of Higher Cryptogamia; 8th, Microscopic Structure of Phanerogamic Plants; 9th, Microscopic Forms of Animal Life—Protozoa, Animalcules; 0th, Foraminifera, Policystina and Sponges; 11th, Zoophytes;

12th, Echinodermata; 13th, Polyzoa and compound Tunicata; 14th, Molluscous Animals generally; 15th, Annulosa, or Worms; 16th, Crustacea; 17th, Insects and Arachnida; 18th, Vertebrated Animals; 19th, Application of the Microscope to Geology; 20th, Inorganic or Mineral Kingdom—Polorizoteum. The Appendix considers the Microscope as a means of *Diagnosis*, and also embraces an account of the Microscopes of American manufacture.

With respect to the relative merits of instrument-makers, the author seems to be rather liberal. He mentions the circumstance that the continental makers, prominently among whom are Oberhauser and Nachet, have succeeded to the largest patronage both at home and abroad, but thinks it due, not to superiority of their instruments, but to their cheapness as compared with the cost of British instruments. He says, however, that a very good instrument, fitted with two eye-pieces, condenser for opaque objects, aquatic box, stage forceps, etc., is manufactured now in Britain for £7. The cost of objectives depending upon their magnifying power and upon their angular aperture. The 1½ inch costs three guineas, the 1-10 six guineas, and in this proportion for other powers.

The author states that it has been his aim to guide the possessor of a Microscope to the intelligent study of any department of natural history; and he has suggested, in the different branches, how small is the amount of actual knowledge yet acquired, compared with that which remains to be attained by the zealous and persevering student.

The author makes some good suggestions with reference to guarding the student against desultory observations, which are of no service to science and of very little to the observer.

In most of what concerns the *working* of the Microscope, the author has drawn from his own experience, which he says dates back to the time when Achromatic Object-glasses were first constructed.

We have no space, at present, for a further notice of this work. It no doubt will meet with a ready sale. To medical men, indeed, to all who have any taste for such researches, it cannot be otherwise than eminently serviceable.

Medical Jurisprudence. By ALFRED S. TAYLOR, M. D. University St. Andrews; Fellow of the Royal College of Physicians, and Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. Fourth American, from the Fifth and improved London edition. Edited, with additions, by EDWARD HARTSHORNE, M. D., one of the Surgeons to Will's Hospital. Philadelphia: Blanchard & Lea. 1856. pp. 697.

But two years have elapsed between the publication of the fourth and fifth editions of this popular manual, yet notwithstanding, the author has added largely in amount and importance to the previous issue. Dr. Hartshorne, the American editor, has confined his labors principally to a careful revision of the text, the incorporation of the Addenda, and the introduction of occasional brief notes of cases and decisions.

The following on Homicidal Strangulation may be regarded as a sample of the work:

"*Cases.*—The following case, reported in the Annales d'Hyg., (1829, ii., 447,) presents several points of interest in relation to this form of death. It was pronounced to be a case of *suicidal* strangulation by some, and of *homicidal*, by others. A servant girl, far advanced in pregnancy, was found dead in her bed. According to the report of the surgeon who first saw her, the body was rigid, and there was a handkerchief so firmly tied around the neck, that it was with some difficulty removed. A quantity of air and sanguineous mucus escaped from the mouth and nostrils, on its removal. The body of the deceased, when first seen, was lying in a constrained position, with the face turned to the right. The knot in the handkerchief, which was tied round the neck, was on the *left side*, as it is customary to find it in left-handed people. This remark was particularly made by the surgeon, who happened to be himself left-handed. The deceased was not left handed; and there was no reason to suspect that she had intended to commit suicide. She went to bed the night before in her usual health and spirits. On examination of the body, no mark of violence was seen externally: but there were large patches of cadaverous ecchymosis scattered over the skin. There was a deep impression of a necklace on the skin of the neck, which had resulted, it was supposed, from the force with which the handkerchief had been tied. The neck appeared swollen, especially on the right side. On opening the cranium, the cerebral vessels were found much distended, especially on the right side; and on this side about half an ounce of blood was extravasated. In the mouth, the tongue projected forward between the teeth, but was uninjured by them. The contents of the thorax and abdomen presented nothing unusual; the lungs were gorged with blood, as they are generally found in the asphyxia. The examiners attributed death partly to

apoplexy, and partly to interrupted respiration, in consequence of the ligature on the neck. They considered that the strangulation was not suicidal for the following reasons:

"1. The handkerchief was tied in *two knots*, and the deceased could *not* have made more than one; her sense would have failed her before she could have made a second; or at least before she could have made it so perfect as the first.

"If she had strangled herself, the knot of the ligature would rather have been on the fore part of the neck, than on the left side.

"The position in which the body was found, the cheerful conduct of the deceased on the night before her death, and the absence of all motive to induce her to commit suicide, were facts also dwelt upon by the examiners; but they are manifestly of less weight than the two first assigned. Strong suspicions fell upon a man with whom the deceased had cohabited. He was arrested and charged with the murder. He gave a very satisfactory account of himself, but it was clearly proved that he could not have been at the house of the deceased on the night on which her death took place. It was also shown that he was *not left-handed*. The prisoner upon the evidence was liberated. The master, in whose house the deceased lived as servant, was *left-handed;* but there was no reason to suspect him of the crime. Other witnesses deposed that they saw no one in or near the house on the night of the supposed murder; and in consequence of no other clue being discovered, and all means failing to find out the presumed murderer, it was ordered that the medical facts of the case should be reconsidered,

"Many were inclined to suspect that the deceased had destroyed herself, others that she had died a natural death. The College of Brunswick was appealed to by the legal authorities, to express a formal opinion from the medical facts, whether the deceased had been murdered by strangulation, or whether she had died from natural causes. The question of suicide appears to have been wholly abandoned. The College decided, that the deceased could not have died by strangulation; because there was no ecchymosis produced on the neck by the handkerchief. They assigned apoplexy as the probable cause of death, from the extravasation of blood met with in the right hemisphere of the brain. They considered that the girl had *herself* tied the handkerchief round her neck, for the purpose of keeping herself warm, as the night on which she died was extremely cold. They admitted the probability that she might have imprudently tied the handkerchief too tightly; a circumstance which had perhaps facilitated the congestion of the cerebral vessels and extravasation of blood.

"The opinion expressed by the College was drawn up at a time when it was universally believed that the mark of the cord, in vital strangulation, was *always* accompanied by ecchymosis; and that the non-discovery of this was a sufficient proof of strangulation after death. The error of this opinion has been already sufficiently exposed; therefore the argument, that the deceased had not died by strangulation, falls to the ground. The reason assigned for the

handkerchief being placed around the neck, appears wholly inconsistent with the facts. It is scarcely to be imagined that any individual who did not contemplate suicide, would retire to rest with a handkerchief tied in a double knot *so tightly* around the neck, as to render it very difficult to remove. It was evidently so tight that strangulation might easily have resulted from the constriction. The apoplectic appearances in the head may readily have been due to the impeded circulation of the blood, in consequence of the ligature; at least, it is as easy to conceive this, as to admit that they should have arisen coincidently from spontaneous causes. There was, therefore, nothing to contradict the opinion of death from strangulation; no morbid cause capable of giving rise to sudden death (excepting cerebral extravasation, which has already been accounted for) was discovered in the body. Whether the ligature was placed round her neck by the female herself, or by a murderer is a matter of doubt; yet when we consider that there was nothing absolutely impossible in the act on her part, that there were no appearances of violence about her person or clothes, and no evidence of any individual having had access to the apartment, it appears most probable that the strangulation was *suicidal*. Some remarkable cases of homicidal and suicidal strangulation are reported by Casper. (Ger. Leich.-Oeffn., 1853, i., p. 79; ii., p. 95, et seq.)

"Within a recent period several important cases of murders by strangulation have been brought to trial in this country. In two of these, I was required to investigate the circumstances, and give evidence respecting the mode in which death took place, and the medical reasons which led to the inference that the deceased persons could not have died by their own hands. For a full report of one of these cases (*Reg* v. *Drory*, Essex Lent Assizes, 1851,) I must refer the reader to the Guy's Hosp. Rep., Oct., 1851. The deceased in this case was found lying upon her face strangled, with a rope coiled three times round her neck, the two inner coils being tight and the outer coil loose, the end of the cord being placed loosely near the left hand of the deceased, which was raised towards it. The length of the free portion of cord was not sufficient to allow of the deceased grasping it and tightening it to such a degree as to produce the great amount of violence found on the neck. This, with other facts, tended to prove that the act must have been one of murder. In another case, *Reg* v. *Pinckard*, Northampton Lent Assizes, 1852,) it was proved that deceased was found sitting in a corner of her room, with a narrow tape round her neck, hung loosely and singly over a small brass hook about three feet above her head. Her clothes were placed smoothly under her, and her hands stretched out by her side. There was a severe bruise over the right eye, and there were marks of blood on the tape, as well as on the floor and wall of the room at a distance from the body. There was a stain of blood on the knot of the tape where it passed over the hook; and there was no blood on the hands of the deceased. The windpipe for about an inch and a half was lacerated *longitudinally* in its rings, and there was a deep mark round the neck in the course of the doubled tape, as if from great

pressure applied by some person, or from the weight of the suspended body. The latter hypothesis was untenable. The body of the deceased did not weigh less than 126 pounds, while the tape found round her neck broke with a weight of 49 pounds; hence the deceased never could have been suspended by it. This fact, with the smooth arrangement of the clothes, the severe marks of violence on the body (inexplicable on the hypothesis of suicide,) and the marks of blood and struggling in the room, proved that there had been homicidal interference; and the crime was brought home to the prisoner by a series of moral and circumstantial proofs. Both of these criminals confessed their crimes before execution. [The reader will find other reports of cases of alleged death from homicidal strangulation in the Med. Gaz., vol. xli., p. 295; and vol, xliv., p. 1084.]

"In directing attention to circumstantial evidence (ante, p. 565,) it was suggested that the dress of the deceased might be torn or discomposed, a fact indicative of a struggle, and *cæteris paribus*, incompatible with suicide; but it is proper to remark that evidence of murder, as in *Pinckard's* case, may be obtained by finding a smooth and undisturbed state of the dress, as well as by the attitude of the body. In fact, whosoever attempts to imitate suicide under such a form of murder, must, when the facts are properly investigated, inevitably fail. The assassin always does too little, or he does too much. The woman who committed the murder in *Pinckard's* case, had been a nurse in an Infirmary, and accustomed to lay out dead bodies. After the murder, she appears to have carried out unthinkingly her professional experience, by smoothing the clothes under the body, placing the legs at full length, the arms out straight by the side, and the hands open and laid out! Such a condition of the body was quite inexplicable on the supposition of suicide, considering the amount of violence which must have attended the strangulation. In the case of *Drory*, the murderer had attempted to make the death appear an act of suicide by placing the lower end of the rope near the hand of the deceased; but he selected the *left* hand when the deceased was right-handed, and he did not leave enough rope free from the neck for either hand to grasp in order to produce the violent constriction observed!

It is proper to notice, in this place, the frequent occurrence within the last few years of what are called '*Garotte robberies*.' The system of murder pursued by the Thugs in India, appears to have been imported into England, and many lives have been destroyed in the manufacturing districts by the employment of strangulation as a means of robbery. In spite of some convictions, the greater number of criminals have hitherto escaped the penalties of the law. The attack is made during darkness: the person is seized by the windpipe from behind, or a bandage is thrown around his neck, and this is suddenly tightened while accomplices are engaged in perpetrating robbery. The person assaulted, if he should recover, is seldom able to identify an assailant; he is rendered immediately senseless and powerless; he can give no alarm, and he can offer no resistance.

Recovery or death in such cases depends on the lapse of a few seconds more or less, during which the constriction of the neck is continued, on the degree of constriction, and on the age, sex, and strength of the constitution of the person assaulted. There appears to be no law which meets this crime with appropriate severity. The 1 Vic. c. 85, s. iii., makes it felony to attempt to strangle with intent to commit *murder*, and the 14 and 15 Vic., c. 19, makes no provision for the crime. The intent in these cases is to commit robbery, and not murder; this is an accidental result, for which the assailants, if detected, can be punished. But it is desirable to put an end, if possible, to a means of perpetrating robbery which places a man in the greatest jeopardy of his life, which deprives him of all power of resistance or of giving alarm, and such attempts should be treated as something more than assaults. The use of stupefying drugs to commit felonies is severely punished by the 14 and 15 Vic., c. 19, and the same punishment should be assigned to those who resort to partial strangulation for a similar purpose.

Marks of Violence.—It may be inquired whether *marks* of violence on the body, or blood-stains on the clothes or furniture, do not afford strong evidence of *homicidal* strangulation. The answer is—if the marks of violence be such that they could not possibly have arisen from any accident before death, or that they could not possibly have been self-inflicted, they afford the strongest evidence of murder. But the cases wherein so positive an answer may be returned, are the exceptions to the rule. It is not always in our power to distinguish *accidental* or *self-inflictvd*, from homicidal violence; and we are always bound to look to the possibility of accident, or of previous attempts at suicide, being the source of those personal injuries which may be apparent on a strangled subject.

"In the following case, communicated to me by Dr. Campbell, of Lisburn, the marks of injury to the neck clearly established homicidal strangulation. The dead body of an old man, aged 70 years, was found lying in a potato-field adjoining his house, on the 10th of October, 1842. His family consisted of a son, the son's wife, and a male servant, brother to the son's wife. The deceased had gone to gather potatoes for the servant who was digging. On its being known to their neighbors that the body had been found in the field, suspicions were excited that his death had resulted from violence. An inspection of the body was ordered. The depending parts were very livid, owing to their position. On opening the skull, a large quantity of dark fluid blood escaped: the membranes of the brain were greatly injected, the sinuses gorged with blood, and the brain itself was highly congested. Several clots of blood were observed in the lateral ventricles, and some over the surface of the brain. In the chest the lungs were filled with very dark fluid blood, the air-cells were ruptured, and there was considerable emphysema. The right side of the heart was greatly distended with dark blood; there was nothing remarkable in the abdominal viscera, but the lining membrane of the stomach was congested. The stomach was about half filled with potatoes. On the neck, over the left wing of the thy-

roid cartilage, there was a very slight mark of a crescentic form, with a corresponding though slighter mark on the opposite side; and on removing the skin over these marks a considerable amount of coagulated blood was seen immediately beneath, and in the substance of the muscles. On removing this, the left wing of the cartilage, which was ossified, was found much depressed, and traversed by a fracture nearly an inch in length. From the general appearances presented by the body, together with the injury to the thyroid cartilage, an opinion was given that death had arisen from manual strangulation, and from the particular form of the external marks over the neck, *by a left hand*. Several witnesses were examined, who proved that the deceased and the servant were on bad terms, the deceased having threatened to dismiss the servant, and that before they had gone to dig the potatoes, the servant said he would be revenged of his master. The servant was committed for trial at the ensuing assizes. One of the magistrates present desired that the prisoner might be requested to throw a stone, in order to ascertain if he was left-handed, which he did with the *left hand*. At the trial, the sister of the prisoner swore that she saw her brother strangling the old man; and several witnesses proved that he had maltreated the deceased on many previous occasions. The counsel for the defence advocated the prisoner's case so well, and proved the sister to be of so improper a character, that the jury, having some doubt as to her veracity, acquitted him. Dr. Campbell forwarded to me the larynx, which was ossified, and fractured in the ossified portion, as described in the report of the case.

"There may be *several marks* on the neck; but then the individual may have tried to strangle himself more than once. The throat may be cut, there may be a deep-seated stab or gun-shot wound, involving some of the important organs of the body, or poison may be found in the stomach; but in a purely medical point of view, how are we to know that the deceased did not actually inflict the wounds upon himself, or take the poison before making the attempt? In the chapters on Drowning and Hanging, we have seen what suicides can do, when they are desperately bent on destroying themselves. These injuries often create the most serious difficulties to the medical jurist, which it requires the greatest caution and prudence on his part to steer through. The prejudice of the public mind is such, that the discovery of a strangled person, with marks of personal injury or of poisoning in his stomach, would, in most cases, lead to a declaration of murder, unless the facts rendered it clearly impossible that any attempt could have been made on his life. It is against this prejudice that the medical witness must strenuously guard himself. He may be abused for not joining in the outcry of the vulgar, but the best recompense for this abuse will be the conviction, that he is interposing the shield of science to protect a possibly innocent fellow-creature from the senseless denunciations of ignorance.

"A case was tried at the Northampton Lent Assizes, 1853, (*Reg. v. Gibbins*) which presents some features of interest. The prisoner was charged with the murder of a boy, æt. 8, her illegitimate son.

He was alive and well at about 4.30 in the afternoon, at which time he was taking tea with the prisoner and her sister. A little before 8 o'clock in the evening, he was found dead in his bed, lying on his back with his arms across the lower part of his chest. A silk handkerchief was tied tightly round his neck, and the bed-clothes were a little turned off him. There was a mark or depression round the neck where the handkerchief had been tied, but no ecchymosis beneath. The brain and its membranes were much congested; the lungs slightly congested; the stomach contained food partly digested; the mucous membrane is stated to have been found considerably inflamed (?) and the inflammation extended to the upper part of the small intestines. One medical witness said, that taking into consideration the fact of the handkerchief being found round the neck, and the position of the body, he was of opinion that death was caused by violence (strangulation?); and he did not think that the boy could have strangled himself. If he had tied the handkerchief tight enough to produce strangulation, he could not have returned his hands to the position in which they were found. Another medical witness considered that deceased had died from poison. He formed this conclusion from the extensive inflammation of the stomach and intestines, and from the absence of any other cause sufficient to account for death. He did not think the congestion of the brain was sufficient: nor did he think that the deceased had died from strangulation. There was an absence of the usual mark (ecchymosed?) and the face was pallid; the congestion of the lungs was slight, and there was no blood in the right cavities of the heart. A chemist stated that he had examined the contents of the stomach, but there was no mineral poison; the inflammation of the stomach might have arisen from poison, or from natural causes. As the medical evidence entirely failed to prove that the deceased had died from violence, the prisoner was acquitted."

This work certainly presents the subject of Medical Jurisprudence within a very small compass, and yet the author has been careful to omit nothing ancient or modern that should be included in a complete digest. It is indeed, *multum in parvo.*

The Medical Profession in Ancient Times, an anniversary discourse delivered before the New York Academy of Medicine, November 7, 1855, by JOHN WATSON, M.D., Surgeon to the New York Hospital, New York. Baker & Godwin, 1856. (pp. 222.)

The discourse before us is an attempt "to trace the origin and progress of medicine among the ancients in as succinct a manner as possible, consistent with perspicuity; and at the same time to omit

nothing of importance or interest in relation to the subject," (p. 3.) It exhibits much erudition and research upon the part of the author, who seems fully impressed with the extent of the field upon which he has entered. He has carefully collated the more interesting facts connected with the history of ancient medicine, as also the doctrines held by its more celebrated professors, and woven them into a charming narrative. After all, so little is known of the personal history even of such characters as Hippocrates, or Celsus, or Galen; the precise epoch of many great names is a matter of conjecture, that we rise from the perusal of a work of this kind with a feeling akin to dissatisfaction. The little we have been able to make out, has but increased our desire to know more. The accumulated mists of ages, through which we, in the distance, cannot pierce, have so obscured the vast mountain we set out to explore, that we must be content to have caught an idea of its enormous outline, with occasional glimpses of the paths winding up its sides, and of those lofty peaks which, towering above the cloudy veil, are still clearly visible, reposing in eternal sunshine. These will linger in our memory; imagination will fill up the blank, and lead us to some conception of the grandeur of an unrestricted view.

Our author alludes but slightly to the mythical days of medical history. He does not carry us so far back as the enthusiastic Schulze who gravely traces the origin of medical art to our first parent, (as he asserts,) from necessity the first accoucheur and surgeon! He takes up the thread of continuous history with the Greeks, when medical duties formed a part of the priestly office; shows how it was taught in the schools of philosophy; how, afterward, the healing art gradually became the exclusive function of certain classes of men, the physicians; how schools of medicine arose at Epidaurus, Cos, Cnidos, Pergamus, and Alexandria, and at other places less known to the moderns, in all which the neophytes were instructed in the mysteries of medicine, by oral discourse, and beside the numerous beds of the patients who were there congregated. He passes from Greece to her more astute and material successor. We learn the ill fortune of Arcagathus, the first practitioner invited to settle in Rome, who, by his readiness with the knife and actual cautery instead of proving their *vulnerarius* was called by them *carnifex* or executioner. It required a long succession of years to banish the memory of his heroic practice, during which no physician ventured to settle in the seven-hilled city. A century after, Cato

trusted to incantations, the superstitions and the simples of his slaves, for help in severe sickness. Whether during this long interregnum their bills of mortality increased we cannot say. They, at last, for their sins, had doctors enough, whole sects of them, harboring all uncharitableness toward each other. The Rationalists, the Methodists, the Empirics, the Eclectics, and others in their wrangling, must have made the practical Romans sigh for the "good old times," when they trusted to the gods, and died in peace. In this review our author describes the labors and opinions of the most prominent men of their day—Hippocrates, Hierophilus, Erasistratus, Celsus, Aretæus, Galen, Paulus Ægineta, and a host of others, in such a way that those whose names are "household words," wherever medicine is cultivated are brought vividly before us as if in a mirror. As in those weird performances of the seers of second sight, the mighty shades long dead pass before us—some linger so that we become almost familiar with their features and their voice, but most of them pass along with hurried step and averted face. They appear to tread the same path, hastening toward the same goal; and the shadows beckon *us* onward too! The road, dim as it is, is very like that we daily toil along, with the same difficulties that we so constantly encounter! It is even so. Professional life, in its aims, its essential qualifications, its failures, and its successes, is relatively the same in the nineteenth as in the first century; in America as in ancient Greece or Rome. The same high obligations bind us; the same motives incite us to perseverance and rectitude; the same rewards await us. Our task is identical with theirs: to relieve and help the sick, and according to our ability, to add to the treasures of knowledge bequeathed to us, what contribution we can for the benefit of those who may come after us. It is not unprofitable, therefore, to withdraw our attention sometimes from the present and review what has been done in the past. We are truly thankful to our author for the present opportunity of making the retrospect.

When we recall the long strides which the great discoveries of a few years have made in the advancement of medical science, we are apt to indulge in a feeling of complacency, not altogether unpardonable, unless that satisfaction in the present, leads us to ignore the claims, equally great of the mighty Past, upon our respect and gratitude. For much has may have been done within the present era, and much has been done, there are many considerations which

admonish us, that a comparison with the state of medical knowledge that obtained in past ages, might not result quite so favorably as our complacency or our wishes might suggest. In instituting any such examination we must take into account the vast means at our command for the perpetuation and circulation of knowledge, and the feeble means then enjoyed; the comparatively few obstacles to hinder our researches, the enormous difficulties they encountered in the superstition among the people and themselves, the limited intercourse among nations, and the repugnance to dissections which everywhere existed. We must also remember that while we have access to *all* that the labors of the present age have produced, from which we form our opinions, we judge the past from isolated specimens, mere fragments that have been handed down to us, disconnected and mis-shapen in their progress.

The faults of ancient medical literature are visible at the first glance, the beauties often require to be extricated from the crude mass collected around them. Much of sophistry, much of credulity and human weakness, much of hasty generalization and fanciful hypothesis disfigured the writings of ancient medical authors. Can we with all our advantages, assert that modern works upon the same topics are free from the same deformities? *Now*, as *then*, we have too often to search with pain through "the bushel of chaff" to find the "few grains" of wisdom it contains. With all their faults there are many passages of truth and beauty—many noble sentiments, applicable in all time, which we would not willingly lose. Nor is it the didactic portion of their works that alone challenges our admiration. How many recent discoveries and inventions have proved but revivals of ancient research and ingenuity which had long slumbered in oblivion. Comparatively few years have witnessed the application of the speculum and the consequent increase of our knowledge of uterine diseases, yet the exhumation of the "Doctor's Office" in long buried Pompeii, has shown that it was familiar to physicians before that city was overwhelmed. Dr. Simpson's Sound for exploring the uterine cavity, is of still more recent date, and has not yet overcome the opposition and ridicule incident to new things, but in the old office of Hippocrates might have been found "the tin probe" described by him, adapted for similar purposes. Without detracting from the fame of Laennec and those who have so materially added to our means of diagnosis, by their improvements in physical diagnosis, the germ of the science of auscul-

tation and percussion, lies in the earliest works of the Father of Medicine. With attentive ear Hippocrates explored the chest, and by percussion detected the presence of fluids in the pleural cavity which he evacuated by an incision between the ribs. Perhaps physical exploration was more cultivated than we are willing to admit; it may have furnished some foundation for the division of thoracic diseases which we know did obtain among the ancients. The actual cautery and the *moxa* were used by no means sparingly. Indeed, the patients of those days were abundantly purified by fire on all occasions. Whether he ever "swabbed" the larynx to the extent that modern professionals affect is doubtful, although he certainly applied topical remedies to the fauces and throat with a tube. The discovery or rather the demonstration by Harvey of the true course of the circulation, no less redounds to his credit, because in some of the ancient authors we find sufficient evidences that they recognized the fact that the arteries conveyed blood, and were familiar at least with part of the course of the circulation. Hierophilus attributed the pulsation of the arteries to the action of the heart; Galen traced out much of the circulatory system, and the following amusing account which Dr. Watson gives of one of his experiments, will show that he believed the arteries contained something more than air:

"There are certain persons who promise to prove that the arteries do not contain blood, yet never test their assertion by dissections. A teacher of this sort having asserted his ability to show that the aorta is always empty, and not demonstrating the fact, was exhorted to do so by a number of ambitious young men who had provided animals for the purpose. At first he refused to comply with their request unless suitably rewarded; whereupon they placed before him a thousand denarii as an inducement to prove his assertion. After much prevarication, when urged to proceed by all present, he took the scalpel in hand and began by making an incision in the left side of the chest, where he imagined the artery could be exposed; but such was his want of anatomical skill that he cut directly down upon the bone. One of his associates, however, having opened through the intercostal spaces, he again proceeding, injured in the first place the artery, and afterwards the vein. The young men, who had deposited the money with the spectators now laughing at him, undertook the experiment themselves. They dissected through the intercostal spaces, as they had been previously taught by me, in such a way as not to injure the vessels; and without delay sur-

rounded the artery with two ligatures ; one at its point of departure from the heart, the other where it rests upon the spine, just as these boastful teachers had promised to do, in order that when the animal was dead one might see, from so much of the vessel as lay between the ligatures, whether or not the artery was empty of blood. But when it was not found to be empty, they declared that an incision must have been made in it at the time of applying the ligature, as if some other individual, and not these teachers themselves had promised the demonstration," p. 157.

The Roman operation of Lithotomy, described by Celsus, consisted of the "transverse semi-lunar incision in the perineum, with the horns of the incision pointing towards the hips, as lately revived by Dupuytren and other modern surgeons, and Meges, who lived some time before this, invented an instrument for incising the neck of the bladder, in this operation, which was probably a double cutting gorget similar to the lithotome of Bushe or the prostatic Bisector of Dr. Stevens, cutting transversely. Paulus Ægineta adopted the *lateral* method. Ammonius anticipated Civiale in the practice of lithothrity, when the calculus was too large to be extracted in the usual way. We might extend the parallel and show how nearly the opinions in the days of Thucydides with regard to the contagious origin of the plague, and in later days, when Mentagra prevailed, correspond with the discussions of modern physicians as to the spread of cholera, malignant erysipelas, and other diseases, but the preceding instances will suffice for our present purpose.

Nor did the ancients neglect the systematic and clinical instructions of those who were to devote themselves to the healing art. In the temples of Æsculapius, at various places, patients were received and treated, and around the spacious halls hung votive tablets, on which were inscribed brief records of their diseases and treatment. Strabo says, "the temple of Epidaurus is always full of the sick and of tablets on which the treatment is inscribed; and it is the same at Cos and at Tricca." At first the Asclepiadæ confined their attention exclusively to these patients in their capacity of Priest-physicians, but gradually the offices become distinct, the medical care of the sick within and without absorbed their attention. The Asclepion of Cos, alluded to by Strabo, was the theatre of Hippocrates—here he attended by the bedside of the sick, journeyed hence to visit those who sought his acknowledged skill in far distant cities or in his own vicinity, and here he discoursed upon diseases to eager

crowds of students in those lectures, of which it is supposed the works which have descended to us bearing his name are but the outlines or notes. At Cnidos was its rival school. It continued to the time of Constantine. From the earliest days there existed another of great repute in Epidaurus. Its surrounding scenery has been the subject of eulogy of modern travelers. "Its serene beauty remains," says Mr. De Vere, "and if quiet scenes fit to restore the mind of a sufferer with images of peace, if cold groves, if dewey and secluded pastures and gales as refreshing as ever descended from the fields of sleep to fan a fevered brow, be auspicious to health, the region of Æsculapius is still potent to remove some real maladies and many an imaginary disease." It flourished as late as in the reign of Antoninus Pius, when, besides the usual accommodations for the sick, a lying-in department was added sacred to the time-honored mysteries of Lucinia. The great school (or in modern phrase, University) of Alexandria, had its faculties of literature, astronomy, mathematics and medicine, besides special departments. Among the number of its medical professors, we find the names of Cleombrotus, Hierophilus, Erasistratus, and others whose memories have been embalmed in our literature. Here, too, was that large library of 700,000 volumes of Papyri afterward accidentally burnt by Julius Cæsar. The student had access, also, to the Temple of Serapis, which served in part as an asylum for the sick. In Galen's day, Alexandria, dimmed in glory under Roman sway, still continued the centre of medical learning. He expressly recommends students to visit Alexandria to study a real skeleton which was to be seen there. The great rival institution, Pergamus, was almost equally celebrated. From inability to procure Papyrus, parchments were used for books, and a large library of 200,000 volumes collected, which was afterward transferred to Alexandria by Marc Antony, to replace that burned by Julius Cæsar. When Christianity became the religion of Rome, the Asclepia were closed by the imperial authorities, and hospitals and infirmaries were substituted. In latter and darker days Monks became the physicians. In Rome, also, there were schools. The medical teachers and their crowds of students receiving clinical instructions are referred to by classical writers. Galen united the professorial to the usual duties of an author and physician. There were numerous other schools, both among the Greeks and Romans, which we have not space to notice.

We have but little information as to the course of study required of the student of medicine. What little we do know, leads us to believe that the period of pupilage was by no means short, and the instruction, especially of clinical medicine and surgery, was thorough. They of course relied upon oral discourses, of which anatomy was a prominent subject. Galen, after his philosophical or undergraduate course, spent four years at Pergamus, in daily attendance under Satyrus upon the sick within the temple, he afterward continued his studies under Pelops, at Smyrna, was assistant and pupil of Numisianus, at Corinth, and spent some time at Alexandria and other cities to finish his education before he commenced the practice of his profession at the age of 28, in Pergamus. We learn that Cæsarius, the physician of Julian and Valentinian, studied medicine five years at Alexandria.

Physicians met with rivalry and troubles similar to those we complain of, in the present day. Illegitimate scions of medicine were perhaps as numerous, as much disposed to vaunt themselves as now. Pliny, Galen, and others allude to their pretensions and their arrogance in terms of just severity. They emulated the true teachers in their clinical prelections, promising to impart their peculiar systems of healing in a few months. They ostentatiously paraded the streets with a retinue of young men, with whom they made their daily visits to the sick, a custom satirised by Martial with his accustomed severity.

Nor did physicians escape the jokes perpetrated at their expense by the wits of those days. Thus, Themison, the celebrated founder of the Methodic School, is alluded to by Juvenal:

"Quot Themison ægros autumno, occiderat uno."

Or, freely rendered,

How many sick in one short autumn fell,
Let Themison, their ruthless slayer, tell.

An imputation by no means pleasant, however facetious!

The ancient physicians held high and honorable sentiments upon ethics. The oldest compendium of medical ethics, the oath of Hippocrates, has never been surpassed in this respect. The following from Celsus, deserves a place in our memory. The long time elapsed since it was penned, has not dimmed its beauty or impaired its truth:

"A physician," says he, "should, above all things, know what

are incurable, what difficult to cure, and what more easy; for it is the part of a prudent man first, not to undertake one whose case is desperate, lest he appear to have killed him whom destiny has destroyed. Next, in a case of great danger, but not quite desperate, to make known to the friends of the patient that it is a matter of difficulty, so that if the malady should prevail against the art, he may neither seem to have been ignorant himself, nor to have deceived them. But," adds he, "as this is the proper conduct for a prudent person, so, on the contrary, it is the part of a quack to exaggerate a small matter, that he may appear to have performed the greater cure." When the case is easy, he recommends diligence and circumspection on the part of the physician, "that what is in itself small, may not, by his negligence, become more considerable." —pp. 118–19.

Honorable mention should ever be made of the courage of our Medical Fathers. Like the heroic men of modern days at Norfolk and Portsmouth, who sacrificed themselves in their unequal combat with the dread enemy, Thucydides in his account of the great plague at Athens alluding to the physicians, records, "*Nay, they themselves died most of all, inasmuch as they most visited the sick.*"

The influence of medical teaching and example upon the public mind was doubtless by no means inconsiderable. By whatever means acquired, the ancients exhibited much true wisdom in their sanitary regulations. The baths of ancient cities are unequaled in our age. The ruins of Pompeii attest their extent and completeness. Not only were they used by the rich, but public Thermæ enabled the poorer class to indulge in this luxury. No city of our country, (to our shame be it spoken,) can vie with them in this respect. The laws enforcing the cleanliness of the streets, and the carrying off of the offal, for the ventilation and proper building of the houses, would make the officials and landlords of New York and some other cities tremble, if they were put in force at the present day. Our thin, pale youth have no such gymnasia as moulded those glorious forms, which excite our admiration when we gaze on their statues, which have descended to us from the hands of Phidias and others. The most perfect system of sewerage, now in use, does not compare in extent, or perfection of design, with the cloacæ of ancient Rome. Far less will our aqueducts rival theirs. No huckster dared to sell poor meat or spoiled vegetables. The fear of the vigilant *Cereales*, who first inspected them, was a wholesome check upon such misdeeds. The bodies of the dead, or their ashes, were deposited far away from cities. The bodies of those killed were

examined by physicians. Thus of the wounds of Cæsar, only one was decided to be mortal. Surgeons accompanied the Roman armies. Traces of them have been discovered as far as the Grampian Hills.

But our digression must now terminate. Instead of a notice of Dr. Watson's book, we have been instituting a parallel between medicine in ancient and modern times. It only remains for us to thank our author for giving us the results of his great labors which his investigations upon the history of ancient medicine exhibit, and express our hope that he will shortly redeem his promise of continuing his researches into the Saracenic and Arabian Periods, and then give to the world another "DISCOURSE," in the perusal of which we expect as great a treat as we have gained from the present volume.

R. G.

PART FOURTH.

EDITORIAL AND MISCELLANY.

LIBERAL PRINCIPLES.—In medicine, as in almost every thing else approved by the judgment of our race, there are those who are not satisfied to pursue a straight forward honest course to gain a living or reach the position to which they aspire, but endeavor to do it by getting up a breeze against some imagined imperfection, or by pretending that they have discovered a shorter road to the temple of truth. In one or the other of the groups indicated may be found not only all the quacks and charlatans that infest civilized communities, occasioning often more death than endemics and epidemics combined, but many others who claim and have enjoyed a connection with decent men. Such, humiliating as it may be, has always been the case, and we see nothing in human composition to lead us to infer that we are upon the eve of any thing better. Indeed these remarks have been suggested by seeing in several of our exchanges, that J. V. C. Smith, who, for twenty-five years was editor of the Boston Medical and Surgical Journal, has commenced the publica-

tion of a new journal of medicine, entitled the Medical World, to be conducted on "*more liberal principles.*" What, it might be inquired, is here meant by "*more liberal principles?*" We had supposed that the "principles" upon which our system of medicine is founded are "liberal"—liberal because they set forth, to the fullest extent, all that is known on the different departments. As used in medicine, "principle" signifies a law under which are comprehended many subordinate truths—or, in other words, it is a general truth made up of individual ones. Nor had we supposed any thing else than that truth was something positive in its nature, incapable of being any thing but "liberal" to all alike.

Perhaps, however, we have been on the wrong trail to get at what the editor of the proposed new journal means by "more liberal principles." While he was conducting the Boston Medical and Surgical Journal, several years since, some proclivities towards a pseudo affiliation with the "*Irregulars*" was thought to be observed; or to say the least, a kind of *slip-shod* tone with reference to scientific medicine characterized the course of his publication. Perhaps these facts will serve to explain what is meant by the phrase "more liberal principles"—"coming events cast their shadows before."

If we are right in our conjectures, the editor will soon find his *status*. Between medicine and quackery there is no middle course.

To superficial minds it might seem that the regular profession is too conservative; too much disposed to follow in the old beaten track, to the exclusion of every thing that has the appearance of improvement. How is this? It would be very strange if the experience of the medical world for thirty centuries or more should prove to be totally worthless. Such a thing has been the fortune of no efforts in any branch of human inquiry. Labor, it matters not upon what exerted by our predecessors, has always been productive of some good consequences. Indeed our stock of knowledge, as it now exists, is the accumulation from all previous time. Why should this be underrated, or abandoned or lost sight of? The truth is that the medical profession of past and present time has been too "liberal." It has adopted too many things as medicines, and exercised too much credulity in regard to theories. The records abundantly prove these positions. Where are all the articles that filled the standard works a century since, and that had reputation, and where are the theories that once flourished in

such profusion? We may answer that we have pruned them off; and we may add, that just about as fast as they have been pruned off they have been taken up by "*Irregulars*" and quacks, and offered to the world as "new improvements," "new discoveries," and perhaps a periodical started to advocate their claims to public attention, with the promise that it shall be conducted on "*more liberal principles.*" In the attempt, for it will be but an attempt, to sustain a journal on the course indicated, Dr. Smith will, as a matter of necessity, furnish his readers with a digest of Homeopathy, Hydropathy, Eclecticism, etc., side by side with what is elicited by the researches of scientific men. Then there are scores of mountebanks in every city engaged in getting up nostrums designed especially to catch the ignorant; there is also a class of knaves, who, with a smattering of knowledge in regard to certain diseases, are engaged in specialties—Indian doctors, "consumption curers," doctors for the treatment of "private diseases," etc., etc. These, of course, are all to have their advertisements, their false certificates and lies inserted side by side with the contributions of medical men.

Conducted upon such a plan, the "Medical World" will accomplish nothing except that of bringing shame and contempt upon its editor.

Paul Caustic.—A writer in the Oct. No. of the Western Lancet, who signs himself "Paul Caustic, M. D.," has delivered himself of a somewhat lengthy criticism on the "Ohio State Medical Society." We have no time, nor have we any inclination to examine this paper in detail and express an opinion in regard to the persons and things the writer has thought proper to stricture. In general terms we may say that we do not approve of the *scope*. Fault-finding is an unprofitable investment, and is usually associated with an unhappy temperament; and where there is an absolute bitterness, a disregard of the ordinary amenities of life manifested, it sooner or later gives rise to bankruptcy.

In general terms, it may be remarked that the author is no ways scrupulous about a wholesale condemnation of the Society and its movements. Besides, he singles out, in a way not to be misunderstood, a number of individuals who are members and visits them with all the complaint and censure of which his pen seems capable

Hard words, offensive language; and, as we believe, unjust imputations, seem to be the stock in which he most delights to deal. Of the Society he remarks: "It is now a putrid disorganized mass." Such language with reference to any organization composed of gentlemen, is not only in very bad taste, but indicates extravagance, and, what is worse, in the case before us, a want of truth. The Society has accomplished much for the profession throughout the State, and although its deliberations have been somewhat disturbed by the introduction of matters foreign to its objects, it has nevertheless triumphed over its troubles; not, however, by the exertions of such of its members as "Paul," who in the hour of danger deserted it, but by the faithfulness of its reliable friends. It now "lives, moves and has a being," and a prospect, too, of living to see all of its false friends and slanderers put under its feet.

"Paul," we think, has the merit of being a young man—young in years, young in his intercourse with men, and young in the proprieties of the gentleman. For much of the extravagance, therefore, of his paper on the State Society and its members, he will be excused. We hope to see him at the January meeting, and if it shall then appear, on making himself known, that his effusions have originated from a neglect on the part of the Society of his claims to its honors, a prescription, *secundum artem*, for his case will then and there be administered.

Back Volumes of the Journal.—We have on hand a number of the back volumes of the Journal from Vol. II. to Vol. IX., and will now supply them to subscribers at the rate of *one* dollar per volume. When bound up they make a very valuable accession to a library, being the principal means of investigating matters connected with the progress of the science. No young physician should be without something of the kind.

☞ Receipts not already acknowledged, will appear in our next No. By the way, why is it that so many are tardy in paying up for the *present* volume, and also arrearages of longer standing? Nothing gives us more unalloyed pleasure, over the left shoulder, than to have to use up ink, paper and time in calling attention to such subjects.

New Books.—Since our last issue we have received quite a number of *new* books. A portion of them we have noticed in this No., the rest will be attended to in our next. Among those, notices which are deferred are :

Draper's Physiology.—A *new* work, by Jno. W. Draper, Prof. of Chemistry and Physiology in the University of New York. Harper & Brothers, Publishers.

Bowman's Medical Chemistry (second edition.) Blanchard & Lea, Publishers.

Wood's Therapeutics and Pharmacology in two volumes. A new work. By Geo. B. Wood, Prof. of Practice of Medicine in University of Pennsylvania, etc. Philadelphia: J. B. Lippingcott & Co., Publishers.

These works are for sale in this city. Two of them being new we shall devote some space in future to an analysis of contents, etc.

The following in the way Monographs have been received :

Essays on Physiology of Nervous System, with an Appendix on Hydrophobia. By Benj. Haskell, M.D., of Rockport, Mass.

Washington on Assimilation, Consumption and Scrofula. Louisville, Ky. 1856.

A Disquisition on the Ancient History of Medicine, comprising Critical Notices of the Origin of Medical Science, Vicissitudes in the remotest times, and of its Reconstruction and final establishment by the Greeks. By Thomas L. Wright, M.D. (For sale by H. W. Derby, Cincinnati.)

On the Nature, Prevention, and Treatment of Pulmonary Consumption and Scrofula, with a Demonstration of the Cause of the Disease. By Henry McCormac, M.D., London.

Dental Register of the West.—This work (Quarterly) has been on our exchange list for some time, and with its contents we have been generally well pleased. The present No. (October) seems to have upon its cover T. Taft and Geo. Watt as editors. The latter we recognize as a neighbor of former years, which circumstance imparts to the Register additional interest. How many great men is Greene county going to produce ?

State Medical Society.—The semi-annual session of this body takes place in this city in January next. Reports of several of the Standing Committees are expected to be made. Besides, other important business will most likely be transacted. The physicians of the State should embrace this opportunity to visit the Capital city, and look into the things we have here, in which they have an interest, and that they are called upon and required to help sustain.

Starling Medical College.—The present session of this Institution commenced the 16th of last month, and from present appearances there is going to be a very good class. The connection of the College with the Hospital of the Penitentiary gives to students all the Clinical advantages that could be desired. Besides there are a great many persons from a distance, afflicted with diseases of different kinds, who visit this city to seek relief. These, as far as practicable, are exhibited to the class, and the operations performed in its presence.

Health.—During the past summer there has been but little disease of any character in our city. The Spring months were characterized with more than the usual amount of "Intermittents." In most instances these were cases that had suffered from the disease in autumn last. A few, however, occurred in which the disease was purely *vernal*. Of diarrhœa, the great staple of cities, or of cholera morbus, or of dysentery, or cholera infantum, we have had scarcely sufficient to keep us from growing rusty. Visiting watering places, or other localities in quest of health, has been during the past summer, a mere formality, no region being favored with a better atmosphere than was to be found in Columbus.

Yellow Fever, the endemic of the South, has had but a slight prevalence in any of its usual haunts the present summer. Early in the season it advanced upon New York and vicinity, and for a time caused some rather serious apprehensions. It soon, however, proved itself to be an *exotic*, without any of the circumstances congenial to its nature, and, like a hybrid, died without issue.

Nott, on the *Acclimation of Races*, published in this number, although lengthy, is worthy of perusal. Such papers give breadth and depth to views on Etiology.

Medical Colleges.—The annual session of most of our colleges east and west, has commenced, and although we are not yet in the receipt of "Introductories," they have, as we see, been pretty generally pronounced. We have had no information in regard to the prospect for classes east. In the west, they, with very few exceptions, promise to be larger than in former years. This is as it should be. There is no propriety in going to the Atlantic States to obtain a medical education. All the branches can be as thoroughly studied in the Mississippi Valley as any where else. We have the men and the facilities here to do every thing that medical progress can suggest. Indeed, our men seem to be at a premium in the east, and we think deservedly so. The same will soon be the case with our facilities, with our means to impart a thorough and an available education.

There has been much talk by those connected with certain colleges, about a "Medical Centre" for the United States. By a certain class, we have had this located in Philadelphia, by another in New York, and within the last year or two it has been claimed that Nashville was the most natural place.

It is just now a period of apyrexia among these philosophers, or to change the figure, it might be said that the volcanoes have ceased in the way of gas and smoke, and as a consequence we embrace the opportunity to suggest that the "Medical Centre" will most likely locate itself sooner or later, as near as practicable, in the "centre" of our national population, and in the centre of the community possessing the greatest degree of energy and prosperity. Obeying such a law, we should not be surprised if this point should be found in the territory between the Alleghany and Rocky Mountains, perhaps in that part of it occupied by the people of Ohio. Well, let it come along.

Prof. L. M. Lawson is again connected with the Ohio Medical College, and we welcome him back to the State as one of its most

able teachers and accomplished practitioners. His card will be found in the present number of the Journal. In this he announces the resumption of an office, and his readiness for consultation in diseases of the chest and throat.

Cincinnati College of Medicine and Surgery.—In this number will be found the card of the *Cincinnati College of Medicine and Surgery*. This card contains the names of able teachers. Men who can stand up any where.

Should Strychnia be employed as a Medicine?—That there is and always will be a fashion in physic no one will deny. The number of remedies once deemed indispensable, and that found their way into almost every prescription, that now slumber unasked for on the shelves of the apothecary, fully attest the truth of this observation; and were this fashion confined to the administration of remedies which, while they derived their ephemeral reputation from their combination with others of known action and utility, were under no circumstances fitted for the purposes of crime, there would be but little harm in it; but if the administration of such a deadly poison as strychnine rests on no better foundation—if all the effects attributable to it, except its fatal one, are attainable from other and safer agents, it becomes a question whether it should not be erased from the pharmacopeia, and its presence in the shops of the druggists rendered unnecessary. The simple fact of strychnia being a deadly poison, and of rapid fatality, is not, I admit, sufficient reason for this exclusion. Many of the medicines used in the healing art are so; but then the nature of their operation is such, that, if arrested, or guided by the hand of science, the most beneficial results may be obtained from them; but in the action of strychnia, this is not the case: there is not one of the effects that it exhibits in its rapid career that can be made thus available.

The peculiar tetanic spasm that it produces, led its discoverer, I believe, to anticipate from it a remedy for paralytic affections. Had this been the case, its retention in the pharmacopeia might be justified, but I fear that the profession has found this to be a fallacy.

That it may, in very minute doses, in combination with other agents, produce some beneficial effects, in the functional derangements of certain organs, may be possible, though I am inclined to doubt it; but these effects are equally attainable from other medicines, and certainly do afford no excuse for its use. The frightful disclosures that our various courts of justice are daily bringing to light with regard to it—the careless manner in which this deadly poison has passed from hand to hand—the evidence as to its dreadful effects, and the silence as to its utility, all tend to make this a subject worthy of the attention of the profession, if not of the legislature itself. The virtues of such a remedy should be clear indeed, to compensate for the danger attendant on its use.

If, however, it be found impossible to do away with it as a medicine, surely it might be kept in such a state of solution that, while it left it a remedy in the hands of the physician, would unfit it for the deadly purposes of crime.—*Lancet.*

Church and State—No Medical Faculty in Trinity College.—The Medical Faculty of Trinity College, Toronto, Canada West, have resigned their professorships. The reason, as publicly stated in the daily prints of Canada West, is, that the Faculty caused an advertisement to be inserted in the local papers, stating that students in medicine henceforth would not be compelled to subscribe to the thirty-nine articles of the Church of England, and that no religious test would be demanded of them. And it was furthermore asserted, that pupils could, by following the course of instruction at Trinity, procure, if they pleased, their degrees at any other University. The Council of the College, naturally indignant at this open declaration of rebellion and independence of the Medical Faculty, called upon them to withdraw the obnoxious advertisement from its place of appearing, and to return to their former terms of connexion; but the Professors declining to yield, and the difference not being removable in any other way, the latter were constrained to resign their various chairs, which, we believe, they have filled, during the few years they have lectured, in a distinguished and profitable manner.—*Mont. Chronicle.*

Life Saved by Prolonged Efforts at Artificial Respiration.—We take the following case from an article in the American Journal of Medical Sciences for July, 1856, published by Dr. T. A. Emmet, late Physician to the New York Emigrant Hospital, and with the title *Œdema Glottidis* resulting from typhoid fever.

"William Daly, aged 20; eleven days from ship; was admitted from the city on the 12th of March, with the eruption just fading. The fever was of a grave type, but ran its course uncomplicated. The case slowly convalesced for several days, when, on the 19th of the disease, between 5 and 6 o'clock P. M., suffocation came on in consequence of suddenly sitting up in bed, for the purpose of receiving his food. I obtained the assistance of my colleague, Prof. Carnochan, and the trachea was opened some five minutes after the occurrence of the accident. But, before the operation was completed, the patient was pulseless and insensible; all attempts at respiration had ceased, while the heart's action was no longer perceptible. In a few minutes after artificial respiration had been commenced, the livid appearance about the neck and face began to disappear, and soon a feeble action of the heart was again detected. At the end of some ten minutes, complete consciousness and gradual reaction were established. From this time, the necessity for inflating the lungs artificially ceased; but, for a period of five hours and several minutes after the operation, coincident with each expiration, I depressed the ribs. The muscular or contractile power of the respiratory apparatus appeared completely paralyzed. After depressing the ribs, the air, of course, readily passed in to fill the partial vacuum thus produced; but, when I ceased doing so, (as I did several times from fatigue,) suffocation was almost immediately produced, the face and neck became livid, and the patient soon insensible. So dependent did he feel on me for this assistance, and so fearful was he I might leave him, that my wrists were severely bruised in consequence of his grasp during nearly the whole time. At midnight, all danger was removed; and ten grains of Dover's powder, with two of quinia, being administered, he slept well during the night, and no difficulty arose. The tube was removed on the eighth day, and the wound soon healed, but it was not until the one hundred and third day after admission that he had recovered his strength sufficiently to be discharged."—*Nashville Med. Jour.*

Danger of Iodine Injections in Hydrocele.—M. Gosselin made an interesting communication to the Societe de Biologie, on the 24th of May. He has ascertained that in three cases where, after the death of the patients, he has examined the testicles, there is a peculiar danger in employing iodine injections in the vaginal cavity as a means of curing hydrocele. This danger consists in the absence of the secretion of a sperma fit for fecundation. In these three cases, no spermatozoa were found in the seminal vesicle of the side, where a hydrocele had been treated by iodine injections. In experiments upon dogs, M. Gosselin has found, also, that after such injections, the production of spermatozoa does not take place, and that the testicle becomes pale and smaller than before.—*Med. Times and Gaz., June 7.*

Squills will kill Rats.—It should be generally known that Powdered Squills is destructive to Rats. Mixed with strong-scented cheese in equal proportions it is said when eaten to kill them very speedily.—*Nashville Med. Jour.*

Longevity of Clergymen.—Hall's Journal of Health states, that of eighty clergymen who died in the year 1815, one-half had passed three-score and ten; thus confirming the opinion of statisticians, that theologians are the longest lived of all the members of the human family.—*Nashville Medical and Surgical Journal.*

Effects of Color upon Health.—From several years' obsertion in rooms of various sizes, used as manufacturing rooms, and occupied by females for twelve hours per day, I found that the workers who occupied those rooms which had large windows with large panes of glass, in the four sides of the room, so that the sun's rays penetrated through the room during the whole day, were much more healthy than the workers who occupied rooms lighted from one side only, or rooms lighted through very small panes of glass. I observed another very singular fact, viz.: that the workers who occupied

one room were very cheerful and healthy, while the occupiers of another similar room, who were employed on the same kind of work, were all inclined to melancholy, and complained of pains in the forehead and eyes, and were often ill and unable to work. Upon examining the rooms in question, I found they were both equally well ventilated and lighted. I could not discover anything obout the drainage of the premises that could affect the one room more than the other; but I observed that the room occupied by the cheerful workers was wholly whitewashed, and the room occupied by the melancholy workers was colored with yellow ochre. I had the yellow ochre all washed off, and the walls and ceilings whitewashed. The workers ever after felt more cheerful and healthy.—*Correspondent of the Builder.—Dublin Med. Press.*

Influence of Marriages, between Relatives, upon the Physical and Mental Organization of their Children.—In a letter to the Imperial Academy of Medicine, M. Rilliet, of Geneva, publishes the results of his researches regarding the influence of marriages between relatives upon the physical and the mental organisations of their children. In Geneva, such marriages are very frequent, and, therefore, the field of observation being large, M. Rilliet has been able to collect a great many facts. He first states that such marriages frequently are followed either by absence or by retardation of conception, and also by abortion, and production of monsters. Many diseases frequently exist in children born from parents who are relatives: epilepsy, imbecility, or idiotcy, deafness and dumbness, are the most frequent. Such children are often lymphatics, and predisposed to all the diseases depending upon a scrofulo-tuberculous diathesis. Many of these children die young; and, if they live after the first infancy, they do not resist disease as well as other people. In the same family, it is not the same disease which exists in all the children; and, for instance, one of them is epileptic, a second is imbecile, a third is only slow in his physical and moral development.—*Medical News.*

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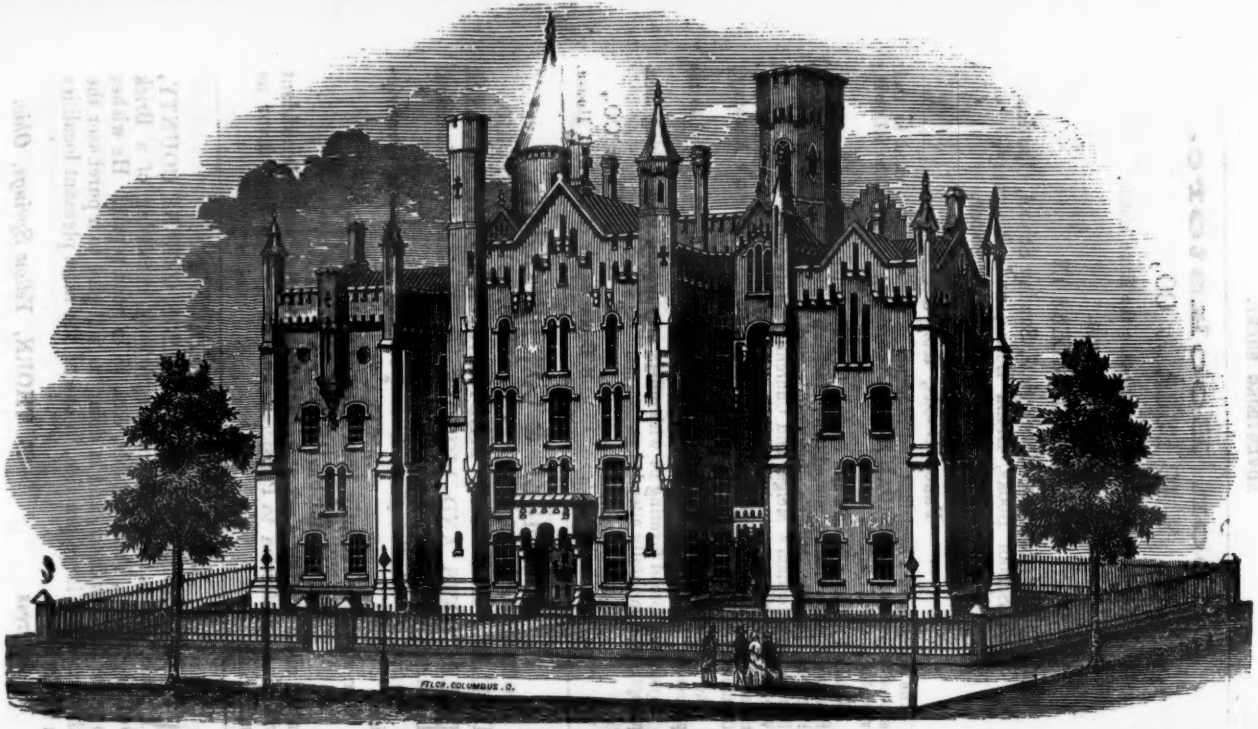

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The Trustees and Faculty are happy in being able to announce the gratifying success that has attended their extension of the term to five months. It has enabled the Faculty to give a more complete course in each department, and been more profitable and satisfactory to the student; and a larger number of our class remained till the close of the session than ever before.

The organization of the institution, as now effected, will, we are assured, secure for it a success not before attained. Its Professors are all residents; and fully identified in every way with its highest prosperity. Their present arrangements will enable them to add yearly to their means of illustration.

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Graduation Fee,	20 00
Ticket for the privilege of the Dissecting Room, including the services of the Demonstrator,	5 00

Subjects for dissection in the building, furnished at a moderate expense, on application to the Demonstrator of Anatomy, *and in no other way.*

STARLING MEDICAL COLLEGE.

Inquiries and requests being sometimes made for indulgence in time, we propose to allow, in such cases, that a judgment note for $65, with interest and approved security payable in one year, may be taken. But our *rule* is payment within the first three weeks of the session.

EXPENSES FOR A SINGLE SESSION.

Fees, including the Dissecting Ticket, ...	$68 00
Boarding, including lights and fuel, from $2 to $3 per week for twenty weeks—$40, ...	60 00
	$108 to 128 00

There are three extensive Bookstores in Columbus, at which Medical works in great variety are sold at very low rates. Surgical, Obstetrical, and Dissecting instruments are readily obtaiged.

All letters of inquiry will receive prompt attention, if addressed to any member of the Faculty, or to S. M. SMITH, *Dean.*

VALUABLE MEDICAL WORK.—PHILLIPS, SAMPSON & Co., have recently published *Letters to a Young Physician*, by JAMES JACKSON, M. D., LL. D., Professor Emeritus of the Theory and Practice of Physic in the University at Cambridge. In one vol. 12mo. Price $1,00.

The first edition of 1,500 copies was insufficient to supply the Boston trade alone; and as such a sale was entirely unexpected, some time elapsed before the publishers were ready to answer orders from New York and Western cities. A new edition is now ready.

The publishers deem it proper to state, for the benefit of the *younger* practitioners, that Dr. Jackson has, for more than fifty years stood at the head of his profession in New England, and that he has enjoyed unusual opportunities for acquiring information. The results of his rich and varied experience are here detailed in simple and perspicuous language, and it is believed that every physician and medical student will receive great benefit from its perusal.

"If the Young Physician will keep these letters by him, or, what is better, carry all their precepts in his head, he will be surprised to find how large a portion of his medical practice will be provided for in this unpretending oracle. It is not a large volume of which we are speaking, but it is larger than the Aphorisms of Hippocrates, which have governed medical practice more than any other book that ever was written."—*Extract from an elaborate review by Dr. Oliver Wendell Holmes, in the Boston Medical and Surgical Journal.*

"It will be a lasting monument of the shrewd sense, acute perception, accurate generalization and thorough kindliness of its eminent author."—*Boston Post.*

Nov. 1, '55.

MIAMI MEDICAL COLLEGE OF CINCINNATI.

SESSION OF 1856 AND 1857.

The Fifth Annual Course of Lectures will commence on the last Monday of October, 1856, and continue until the ensuing March, with the following

FACULTY:

R. D. MUSSEY, M. D., Professor of Descriptive and Operative Surgery.

J. P. JUDKINS, M. D., Professor of Surgical Anatomy and Surgical Pathology.

JOHN DAVIS, M. D., Professor of Anatomy.

JOHN F. WHITE, M. D., Professor of the Theory and Practice of Medicine.

GEO. MENDENHALL, M. D., Professor of Obstetrics and Diseases of Woman and Children.

JOHN A. MURPHY, M. D., Professor of Materia Medica, Therapeutics and Medical Jurisprudence.

C. G. GOMEGYS, M. D., Professor of the Institutes of Medicine.

H. E. FOOTE, M. D., Professor of Chemistry.

WM. CLENDENIN, M. D., Demonstrator of Anatomy.

J. T. WEBB, M. D., Prosector to the Professor of Anatomy.

PRACTICAL ANATOMY.

The room for the prosecution of Practical Anatomy is commodious, well ventilated, and supplied abundantly with water and gas.

This department will be under the supervision of the Professor and Demonstrator of Anatomy, and will be opened on and after the 1st of October for those wishing to dissect. Material can be readily obtained at reasonable rates.

CLINICAL INSTRUCTION—Medical and Surgical—can be had at the Commercial Hospital and St. John's Hotel for Invalids, twice a week, and daily at the College by cases from the City Dispensary, which has become an extensive charity, giving relief to about four thousand patients annually. Patients can be attended at their houses by advanced students.

Preliminary Lectures will be delivered during the month of October, by the Faculty, free of charge.

FEES.

For the whole Course	$60 00
Dissecting Ticket	5 00
Hospital Ticket	5 00
Matriculation Ticket, (paid once only,)	5 00
Graduation Fee	25 00

Expenses incurred by students in the city may be light. Good boarding may be procured from $2,50 to $3 per week.

Students on reaching the city, by calling at the college, (northwest corner of Fifth street and Western Row,) will be conducted to good boarding houses, and receive every attention. For further information, address

GEO. MENDENHALL, M. D.,
197 Fourth street, Dean of the Faculty.

UNIVERSITY OF MICHIGAN MEDICAL COLLEGE.

SIXTH SESSION, 1856, 1857.

The Annual Course of Lectures will be commenced on the first day of October, and continue six months.

The Annual Commencement for conferring degrees, will be held on the last Thursday of March.

FACULTY.

ZINA PITCHER, M. D., Emeritus, Professor of Obstetrics, and Institutes of Medicine.

ABRAHAM SAGER, M. D., Professor of Obstetrics and Physiology.

SILAS H. DOUGLASS, M. D., Professor of Chemistry, Pharmacy, and Toxicology, and Dean.

M. GUNN, M. D., Professor of Surgery.

SAMUEL DENTON, M. D., Professor of Theory and Practice of Medicine and Pathology.

A. B. PALMER, M. D., Professor of Theraputics, Materia Medica and Diseases of Women and Children.

C. L. FORD, M. D., Professor of Anatomy.

C. P. FENNER, M. D., Demonstrator of Anatomy.

EXPENSES.

Instructions gratuitous; Matriculation Fee $10, payable but once, and applied to the benefit of the Library, and means of illustration. No Graduation Fee, but a charge of $2 for the purpose of the parchment. A fee of $3 will be assessed for the advantage of the Anatomical Laboratory.

For further information, address Silas H. Douglass, M. D., Dean.

C. L. FORD, M. D., Sec'y of Faculty.

COLLEGE OF PHYSICIANS AND SURGEONS.

IOWA UNIVERSITY.

SESSION OF 1856-7.

MEDICAL FACULTY.

D. L. McGUGIN, M. D.,
Professor of Physiology, Pathology, Microscopy, and President of the Faculty.
FREEMAN KNOWLES, M. D.,
Professor of Theory and Practice of Medicine.
J. C. HUGHES, M. D.,
Professor of Surgery and Treasurer of Faculty.
WELLS R. MARSH, M. D.,
Professor of Chemistry and Materia Medica.
JOHN R. ALLEN, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Dean of Faculty.
ANDREW F. JETER, M. D.,
Professor of Anatomy.
JOHN J. PAGE, M. D.,
Demonstrator of Anatomy.

☞For terms or information apply to the Dean, at Keokuk, Iowa.

SURGICAL REPORTS AND MISCELLANEOUS PAPERS ON MEDICAL SUBJECTS. By George Hayward, M. D., late President of the Mass. Med. Society; late Professor of Surgery in Harvard University, &c. &c. In one handsome volume.—Price $1,25.

"Dr. Hayward stands among the foremost of the medical profession of Boston, a city celebrated for its skilful physicians and learned surgeons. His professional life covers a period of forty years. * * * * * * * * * *
In thus collecting into one handsome sheaf the products of his pen, Dr. Hayward has conferred a lasting favor upon the profession.—He has furnished a work which may be read with advantage and consulted with profit by all. It abounds in facts and tables—is replete with sound, practical precepts, and rich in prudent counsel."
Louisville Journal of Medicine.

PHILIPS, SAMPSON & CO., Publishers,
Nov. 1, '55. 13 Winter St., Boston.

NOTICE TO PHYSICIANS.—As I wish to retire from the practice, I will resign in favor of any one who will buy my property, consisting of a good frame house, good stable, carriage-house, &c., with a garden and a yard attached to the stable. Also, some more ground connected with the property, if desired. All pleasantly situated in the pleasant village of Florence, Washington Co., Pa., twelve miles east of Steubenville, on the road to Pittsburgh, in a region not surpassed in fertility, or any other of the elements of comfort any place. THOS. W. BRADLEY.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

NINETY-FIRST SESSION, 1856–7.

THE LECTURES will commence on Monday, October 13th, and continue until the middle of March.

ROBERT HARE, M. D.,
Emeritus Professor of Chemistry.

WILLIAM GIBSON, M. D.,
Emeritus Professor of Surgery.

SAMUEL JACKSON, M. D.,
Professor of Institutes of Medicine.

GEORGE B. WOOD, M. D.,
Professor of Theory and Practice of Medicine.

HUGH L. HODGE, M. D.,
Professor of Obstetrics and the Diseases of Women and Children.

JOSEPH CARSON, M. D.,
Professor of Materia Medica and Pharmacy.

ROBERT E. ROGERS, M. D.,
Professor of Chemistry.

JOSEPH LEIDY, M. D.,
Professor of Anatomy.

HENRY H. SMITH, M. D.,
Professor of Surgery.

WILLIAM HUNT, M. D.,
Demonstrator of Anatomy.

Clinical Instruction is given at the Pennsylvania Hospital, and at the Philadelphia Hospital.

Clinical Instruction is also given, throughout the Session, in the Medical Hall, by the Professors.

The Dissecting Rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open after the middle of September.

Fees for the Lectures (each Professor $15)	$105
Matriculation Fee (paid only once)	5
Graduation Fee	30

R. E. ROGERS, M. D.,
Dean of the Medical Faculty, University Building.

F. B. DICK, Janitor, University Building.

University of Buffalo.

MEDICAL DEPARTMENT.

The annual Course of Lectures in this Institution, commences on the first Wednesday in November, (5th) and continues 16 weeks. The dissecting rooms will be opened on the first Wednesday in October.

FACULTY.

THOMAS F. ROCHESTER, Dean; GEO. HADLEY, Registrar.

CHARLES B. COVENTRY, M. D., Emeritus Professor of Physiology and Medical Jurisprudence.

CHARLES A. LEE, M. D., Professor of Materia Medica.

JAMES P. WHITE, M. D., Professor of Obstetrics and Diseases of Women and Children.

FRANK H. HAMILTON, M. D., Professor of the Principles and Practice of Surgery and Chemical Surgery.

GEORGE HADLEY, M. D., Professor of Chemistry and Pharmacy.

THOMAS F. ROCHESTER, M. D., Professor of the Principles and Practice of Medicine.

SANFORD B. HUNT, M. D., Professor of General and Descriptive Anatomy and Physiology.

AUSTIN FLINT, M. D., Professor of Clinical Medicine and Pathology.

EDWARD M. MOORE, M. D., Professor of Surgical Anatomy and Surgical Pathology.

CHARLES AP. A. BOWEN, M. D., Demonstrator of Anatomy.

EDWARD L. HOLMES, M. D., Assistant in Department of Clinical Medicine.

FEES.

Including Matriculation and Hospital Tickets	$75 00
Demonstrator's Ticket	5 00
Graduation Fee	20 00

For further information, address

THOMAS F. ROCHESTER,
Dean of the Faculty.

Buffalo, 1856.

ST. LOUIS MEDICAL COLLEGE.

(Formerly the Medical Department of the St. Louis University.)

The Regular Lectures in this Institution will commence on the first day of November, 1856, and continue until March. A preliminary Course at the College, as also Clinical Lectures at the Hospitals and the Dispensary, will be delivered without extra charge, during the month of October.

M. L. LINTON, M. D., Professor of the Principles and Practice of Medicine.

A. LITTON, M. D., Professor of Chemistry and Pharmacy.

CHARLES A. POPE, M. D., Professor of the Principles and Practice of Surgery and Clinical Surgery.

M. M. PALLEN, M. D., Professor of Obstetrics and Diseases of Women and Children.

W. M. McPHEETERS, M. D., Professor of Materia Medica and Therapeutics.

CHARLES W. STEVENS, M. D., Professor of General, Descriptive, and Surgical Anatomy.

JOHN B. JOHNSON, M. D., Professor of Clinical Medicine and Pathological Anatomy.

J. H. WATTERS, M. D., Professor of Physiology and Medical Jurisprudence.

E. H. GREGORY, M. D., Demonstrator of Anatomy.

The most ample opportunities for clinical instruction, both in Medicine and Surgery, are afforded by the several large Hospitals under the care of the Faculty, together with an abundance of material for the study of practical anatomy.

Fees for the entire Course, $105. Matriculation ticket (paid but once), $5. Dissecting ticket $10. Hospital ticket gratuitous. Graduating Fee, $20. Board from $10 to $12 per month.

Students or others, desiring further information, can either address the Dean, and he will forward them a descriptive pamphlet, or on arriving in the city, call upon him at his office, south-west corner of 10th and Locust streets, or on the Janitor of the College, corner of Seventh and Myrtle streets.

CHARLES A. POPE, M. D., Dean.

CINCINNATI RETREAT FOR THE INSANE

IN CHARGE OF EDWARD MEAD, M. D.,

Editor of the American Psychological Journal, Lecturer on Insanity and Forensic Medicine, late Professor of Obstetrics, formerly of Materia Medica, &c.

THIS INSTITUTION IS NOW OPEN FOR THE RECEPTION of patients. It is a select establishment, presenting superior advantages. None but quiet patients are admitted.

The long experience of the Superintendent, as a practitioner and teacher, affords a guaranty of kindly care and the most successful treatment.

Terms made known on application to Dr. Mead, Cincinnati, O.

MEDICAL COLLEGE OF OHIO.

SESSION OF 1856–'57.

The Thirty-Seventh Annual Course of Lectures

In this Institution, will commence on the 15th day of October, and continue until the last day of February.

FACULTY.

L. M. LAWSON, Prof. of the Theory and Practice of Medicine.
THOMAS WOOD, M. D., Professor of Anatomy.
JOHN A. WARDER, M. D., Prof of Chemistry and Toxicology.
JAMES GRAHAM, M. D.,
Professor of Materia Medica and Therapeutics.
GEORGE C. BLACKMAN, M. D.,
Professor of the Principles and Practice of Surgery and Clinical Surgery.
JOHN H. TATE, M. D.,
Professor of Physiology, Hygiene, and Medical Jurisprudence.
N. T. MARSHALL, M. D.,
Professor of Obstetrics and Diseases of Women and Children.
S. G. ARMOR, M. D.,
E. S. SWAYNE, Chemical Assistant and Lecturer on Practical Pharmacy.
Professor of Pathology and Practice of Medicine and Clinical Medicine.
R. L. REA, M. D., Demonstrator of Anatomy.

Fees for the whole Course, $70; Matriculation (paid once only,) $5; Hospital, $5; Graduation, $25; Demonstrator's Ticket, $8; Board, $2,50 to $3 a week.

A Preliminary Course, free to all Students, will commence on the 1st of October, and continue until the commencement of the regular Session.

Clinical Instruction by the Professors of Clinical Medicine and Surgery, will be given daily at the Commercial Hospital.

A Medical and Surgical *Clinique* has also been established in connection with the College, at which cases will be prescribed for, and operations performed, in presence of the Class.

Students may rely upon an abundant and *prompt* supply of *material*.

Letters addressed to the Dean, or any member of the Faculty, will be promptly answered.

Students, on arriving in the city, can obtain further information by calling on the Dean or Janitor at the College, on Sixth street, between Race and Vine.

S. G. ARMOR, M. D.,
Dean of the Faculty.

THOMAS WOOD, M. D.,
Registrar.

UNIVERSITY OF NASHVILLE.

MEDICAL DEPARTMENT.

SESSION OF 1856-7.

THE SIXTH ANNUAL COURSE of Lectures in this Institution will commence on Monday, the 3d of November next, and continue till the first of the ensuing March.

PAUL F. EVE, M. D., Principles and Practice of Surgery.

JOHN M. WATSON, M. D., Obstetrics and the Diseases of Women and Children.

W. K. BOWLING, M. D., Theory and Practice of Medicine.

A. H. BUCHANAN, M. D., Surgical and Pathological Anatomy.

C. K. WINSTON, M. D., Materia Medica and Medical Jurisprudence.

ROBERT M. PORTER, M. D., General and Special Anatomy.

J. BERRIEN LINDSLEY, M. D., Chemistry and Pharmacy.

THOMAS R. JENNINGS, M. D., Institutes of Medicine and Clinical Medicine.

WM. T. BRIGGS, M. D., Demonstrator of Anatomy.

The Anatomical Rooms will be opened for students on the first Monday of October.

A full Preliminary Course of Lectures, free to all students, will be given by the Professors, commencing also on the first Monday of October.

The Tennessee State Hospital, under the direction of the Faculty, is open to the Class free of charge.

A Clinique has been established in connection with the University, at which operations are performed, and cases prescribed for, and lectured upon, in presence of the Class.

Amount of Fees for Lectures in the University is $105. Matriculation Fee, (paid once only,) $5. Practical Anatomy, $10. Graduation Fee, $25.

Good Boarding can be procured at about $3 per week. For further information or Catalogue, apply to

PAUL F. EVE, M D.,
Dean of the Faculty.

Nashville, September, 1856.

PENNSYLVANIA COLLEGE.

MEDICAL DEPARTMENT — SESSION OF 1856 AND 1857.

The regular Course of Lectures will commence on Monday, October 13th, and will be continued until the 1st of March.

FACULTY.

DAVID GILBERT, M. D., Professor of Obstetrics and Diseases of Women and Children.

ALFRED STILLE, M. D., Professor of Theory and Practice of Medicine.

JOHN NEILL, M. D., Professor of Surgery.

T. G. RICHARDSON, M. D., Professor of Special and Surgical Anatomy.

JOHN J. REESE, M. D., Professor of Medical Chemistry.

JOHN B. BIDDLE, M. D., Professor of Therapeutics and Materia Medica.

FRANCIS G. SMITH, M. D., Professor of Institutes of Medicine.

H. W. DeSAUSSURE FORD, Demonstrator of Anatomy.

Clinical instructions will be given by Professors Biddle and Neill at the Philadelphia Hospital, Blockley, during the entire term of the session, in conjunction with other members of the Medical Board of the Hospital. The students of Pennsylvania College—both first-course and second-course—will be furnished gratuitously, with the ticket to the Philadelphia Hospital. Second-course students have the option of receiving, gratuitously, the ticket to the Pennsylvania Hospital. A Clinic will also be held at the College every Wednesday and Saturday morning throughout the session.

FEES.

For the entire Course of Lectures	$105 00
Matriculation, (paid once only,)	5 00
Graduation	30 00

The Dissecting Rooms will be opened in September, under the direction of the Professor of Anatomy and the Demonstrator.

Preliminary Lectures will be delivered during the fortnight preceding the opening of the session.

JOHN J. REESE, M. D., Registrar.
No. 342 Walnut street below 13th, Philadelphia.

SURGICAL INSTRUMENTS,
BY K. KLOTT.

BETWEEN RICH AND FRIEND STS., WEST SIDE,
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Mr. KLOTT, who has been for a long time in the employment of Geo. Tieman, of New York, has opened a new establishment for the manufacture and sale of all kinds of Surgical and Dental Instruments of the finest quality, which he proposes to sell on the most reasonable terms.

He keeps constantly on hand a great variety of instruments, which he invites physicians, surgeons and dentists to call and examine before purchasing elsewhere. He hopes, and is determined to furnish the western profession with as good a quality of instruments as can be found in our largest cities.

☞ Orders from abroad promptly attended to.

From an acquaintance with Mr. Klott, and an examination of his instruments, I feel fully justified, and indeed I take pleasure, in recommending them in the highest terms. I have had ample opportunities to test the instruments of many of the most celebrated manufacturers of the world, and I have no hesitation in saying that for beauty of finish and fineness of steel and temper, they are not excelled by any I have ever seen. They are equal to Tieman's or Schively's best.

J. DAWSON.

N. B. MARPLE, M. D.,
APOTHECARY AND DRUGGIST,
(*City Bank Building*)
COLUMBUS, OHIO.
Successor to R. P. Little.

WILL wholesale and retail Medicines, Chemicals, Drugs, Surgical and Dental Instruments, Paints, &c., &c., at exceedingly low prices. His assortment includes every article usually kept by Druggists; as he is daily receiving his stock, he can present many inducements to physicians and druggists in this and adjoining towns, if they will only favor him with a call.

Having enjoyed many years' experience in compounding medicine, he will promptly and very carefully fill Physicians' prescriptions, and to this branch of business he will give special attention, as he regards it of the highest importance. None but the best medicines will be used for this purpose, and he will strictly observe chemical principles in their combination. As he purposes devoting his time entirely to the occupation of a druggist, he solicits the patronage of medical men and the public generally. [Jan. 1853.